A Course of Lectures
ON
PAIN,
AND THE
THERAPEUTIC INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST
IN
ACCIDENTS & SURGICAL DISEASES.

Delivered in the Theatre of the Royal College of Surgeons,

BY JOHN HILTON, ESQ., F.R.S.,
SURGEON TO GUY'S HOSPITAL,
PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE OF SURGEONS.

LECTURE IV.—PART II.

Now, Sir, I have to trace a few more nerves in their muscular and cutaneous distribution. I will take the superior gluteal nerve. It is within the memory of all anatomists that this nerve is derived from the lower part of the lumbar plexus, and that, after passing out of the pelvis at the superior ischiatic notch, it is distributed to the gluteus medius, the gluteus minimus, and the tensor vaginæ femoris. In this drawing we see the associated cutaneous nerves, passing from

FIG. 27.

This drawing represents the nerves supplying the skin over the gluteus medius, gluteus minimus, and part of the tensor vaginæ femoris.
a and b, Ilio-lumbar and lumbar gluteal nerves, derived from the lumbar plexus.

the corresponding part of the lumbar region of the spine, not accompanying the motor branch, but taking a separate course, along the lower part of the abdomen, then over the crest of the ilium, and distributing themselves to the skin over the gluteus medius and the gluteus minimus. You may observe how they seem to avoid the cutaneous covering of the gluteus maximus, and do not proceed to the posterior aspect of the gluteal region. So here we have another example of the same nerves supplying muscles and the skin over those muscles, although the cutaneous and muscular portions do not, as is usual, travel together.

The order of succession of nervous supply to these muscles deserves some notice. It is a uniform circumstance, so far as I know, that the tensor vaginæ femoris — that muscle which is inserted solely into the fascia lata of the thigh, and to such an enormous extent — is always supplied exclusively by the superior gluteal nerve, and always after the same nerve has supplied the gluteus medius and the gluteus minimus. There must be some determinate purpose in this, but inexorable time will not allow me to dwell upon it. I have constantly referred, in my teaching at Guy's Hospital, to this succession of nervous supply, and I think there is a good opportunity for somebody to look into the subject with more interest than has been hitherto shown, and to point out the reason for the successive supply of the different muscles. There is a precision about it of which few have an accurate idea, and I think the subject opens a fine field for acquiring important information.

Speaking of this order of supply, I might direct your attention to two nerves which take a very peculiar course, and may to the minds of some denote the special interest which belongs to this inquiry. I have here a diagram, which I had prepared in 1837 to show the course of the spinal accessory nerve in reference to the order of supply to the muscles. We see this nerve arising from the cervical portion of the spinal marrow, passing upwards, and blending with the suboccipital nerve. The suboccipital is almost exclusively a motor nerve; it is usually devoid of any posterior or sensitive filaments, and it is distributed to the superior and inferior oblique and the two recti muscles on the posterior aspect of the neck and cranium. Now, I hold that the suboccipital nerve receives a branch from the spinal accessory, which thus sends filaments to supply this group of muscles; and when these are in a state of contraction, they carry the head backwards, and fix it for a purpose which we shall presently see. This spinal accessory nerve passes to the interior of the skull through the foramen magnum, and out of it through the posterior lacerated foramen, where it has intimate structural association with the pneumogastric nerve especially (I do not detain you with the minutiæ of this, but simply state the broad fact); and having established that communication, it takes its downward and backward course through the neck to reach the sterno-cleido-mastoideus and the trapezius. Here is a nerve, then, taking the very peculiar course which I have pointed out. Now, it does not signify how fast the electric fluid or nervous fluid passes, it must reach the nearest point first. Assuming, then, a telegraphic message to be conveyed through the spinal accessory to these muscles, it would first reach those which have the power to fix the posterior part of the skull; then the telegram is sent on to the sterno-cleido-mastoideus and the trapezius, and then, the posterior part of the head being already fixed, these two large and powerful muscles act more effectually in concert with the pneumogastric nerve in the process of respiration. I think we see in this explanation one of the reasons why the spinal accessory nerve should take such a tortuous course.

Let us take another nerve, which follows also a very remarkable course. I have here a sort of map, prepared by myself many years ago, and intended to show the distribution of the laryngeal nerves to the larynx. And here I might at once intimate what I shall not now, unfortunately, have the opportunity of laying before you in its extended form, that the same nerves which supply the mucous membrane supply also the muscular apparatus acting upon that membrane. This is a uniform circumstance with respect to all the mucous membranes of the body, and in the case of the larynx it is well exemplified. You know that the superior laryngeal nerve of the pneumogastric distributes itself upon the mucous membrane of the interior of the larynx, including the laryngeal surface of the epiglottis. This same pneumogastric nerve sends off a recurrent branch, distributing itself to the muscles of the trachea and to all the intrinsic muscles of the larynx, except the crico-thyroideus. Thus the pneumogastric nerve supplies the muscles which move the vocal cords, and that same nerve supplies the membrane lining the interior of the larynx. Here, then, is another illustration of the same nerve supplying the muscular apparatus of the larynx acting upon the vocal cords, with their investing mucous membrane, as well as the rest of the laryngeal mucous membrane and the joints of the larynx, just as we have seen the same nerve supplying the muscles moving the joint, the interior of the joint, and the skin over the insertion of those muscles. The superior laryngeal (or sensitive nerve) is accompanied by a motor branch, which proceeds directly to the crico-thyroideus muscle; and whilst looking at this crico-thyroideal branch, I must remind you of what I just now stated, that no matter how rapidly the nervous influence passes, it must reach the nearest point first, and that is the reason apparently why

this little nerve takes so short a course to the crico-thyroideus. It has long been my habit to regard the crico-thyroidei as the muscles which were intended to tune the vocal instrument, and as the instrument must be tuned before it can be played upon, so this nervous influence first reaching the crico-thyroidei, the vocal cords are put into a due state of tension, preparatory to the more precise and accurate influence of the other muscles acting directly and indirectly upon the vocal cords. But let us try to explain why the recurrent laryngeal takes so peculiar a course. Some say it must be so because it has to wind over the subclavian artery on the right side, and around the arch of the aorta on the left side. Now it has fallen to my lot to see examples in the dissecting-room in which the nerve did not wind round the arch of the aorta or the subclavian artery, yet the course of the nerve was, notwithstanding, equally recurrent, clearly indicating that it had no necessary relation with the subclavian artery or the aorta. The nervous influence, whatever it may be, which travels by these recurrent nerves, goes from below upwards. And I think it will be apparent why this nerve takes its course from below upwards. It is an essential thing, to my mind, that these muscles which are acting upon the air as it escapes outwards from the lungs so as to make the voice, should be acting from within to without—that is, from the lower part of the larynx to the upper. It is quite obvious that if they would act in the other way, we should all be ventriloquists, talking inwards to ourselves, as it were, and having no external voice; and it is for the purpose of determining the direction of influence from within to without, that we find this nerve pursuing this singularly recurrent course, ultimately distributing itself to these different muscles. I thought these were two good examples (the spinal accessory and the laryngeal nerves) of what is to be frequently found in the body, as affording strong reasons for the remarkable order of supply of nerves to muscles. Then another illustration might be adduced of the same thing. See how beautifully the muscles employed in grasping by the hand are supplied by the ulnar nerve, and from the ulnar to the radial side of the hand, including all the muscles of the little finger and the deep muscles of the hand as far as the muscles of the thumb, employed in the completion of the grasp, and fixing it. All these muscles are supplied by the ulnar nerve, and no other, and all from within to without; the same direction as that in which the grasp is completed.

I will now adduce another illustration of the same nerve supplying muscles and the skin associated with the muscles. Here is a diagram taken from nature, intended to show the distribution of the small sciatic nerve, or the inferior gluteal, as some term it. This nerve most frequently presents itself to the dissector as a single trunk. Here, however, you will observe the muscular branches seem coming off from the great sciatic. Now, although this is not quite in accordance with what I might have wished, I thought it better that all the diagrams exhibited here should be made strictly and truly from dissections, and that is the character of every one of the drawings I have placed before you. In this instance it so happens that the motor filaments of the inferior gluteal nerve come off apparently from the great sciatic. I have very little doubt, however, that if these motor filaments had been traced upwards towards the spine, we should have there found intimate associations between these cutaneous filaments and the motor portion of the same inferior gluteal nerve. I do not speak lightly of this explanation, because I have several times—not with this nerve, but with other nerves—found that to be the case. Where the motor nerve comes off unusually, if you trace it upwards some distance towards the spinal marrow, you will find that it is in communication with its associated cutaneous nerve. Let us suppose that these muscular and cutaneous branches of the inferior gluteal nerve are in their normal association, and we shall see that this inferior gluteal nerve supplies the gluteus maximus muscle, and sends out cutaneous branches, which distribute themselves over the free edge of the dorsal aspect of that muscle. It then passes a branch across the ischium, towards the perineum, and here it is seen (in another dissection) coming across the tuberosity of the ischium, near to the seat of a bursa placed there; then it joins a branch of the pudic nerve, and they proceed together to the scrotum, and upwards as far as the penis. Then you will observe that the gluteus maximus is firmly inserted into the fascia of the leg; it is one of the most important muscles in reference to the fascia of the leg. This fascia, indeed, is to be considered as one of the insertions of the gluteus maximus. Therefore we ought to find nerves proceeding from the same trunk which supplies the gluteus maximus, to the skin over this great length of fascia; and so we do. The fascia is here cut through, and the cutaneous

FIG. 28.

This drawing represents the muscular and cutaneous distribution of the small sciatic, or inferior gluteal nerve.
a, Gluteus maximus divided vertically so as to expose to view the sciatic nerves.
b b b, The fascia of the back part of the thigh divided vertically. The continuity of this fascia above with the gluteus maximus, and below with the fascia of the leg, is well displayed.
c, Great sciatic nerve.
d, The two lines extending from *d* proceed to the muscular and cutaneous branches, which together form the inferior gluteal nerve.
The muscular branches are shown supplying the gluteus maximus muscle.
The cutaneous branches are divisible into two. One, the larger, supplies the skin covering the fascia to which the gluteus is attached. The other (*e*) is the genito-perineal branch, which crosses the anterior part of the ischium in order to reach the perineum and penis.

nerves are left distributing themselves with beautiful precision to the skin over the posterior part of the thigh, and going down below the popliteal region. Thus the distribution of this nerve, which at first appeared to stand in opposition to the principle of distribution which I have mentioned—viz., of

the same nerve supplying the muscle and also the skin over the muscle—is in reality a strong exponent of that view, when we admit that this fascia is firmly attached to, or arises from, the gluteus maximus, and ought to be considered as part of that muscle.

Now, looking again to this inferior gluteal nerve, we see a curious branch passing inwards towards the perineum, and ultimately to the penis. One may, I think, upon reflection see physiological reasons why a cutaneous branch should go to this organ associated with coitus and the action of the gluteus maximus muscle. This is, however, a delicate subject, and I do not wish to dwell upon it, but merely to direct your attention to the fact.

The recognition of the distribution of the pudic or perineal branch of the inferior gluteal nerve is important sometimes in practice.

Case of Pain on one side of the Penis depending on Disease of the Perineal Branch of the Inferior Gluteal Nerve.

Soon after the death of the late Mr. Key, a gentleman came to me saying, "I have something the matter with my urethra and bladder, and I suffer pain in the penis." He had been under the care of Mr. Key and another surgeon, who had treated him for diseased bladder and various other things. I begged him to show me precisely where the pain was situated. He traced the pain, crossing the ascending ramus of the ischium, to one side of the penis. This looked more like a one-sided than a central cause. Upon careful examination of the neighbourhood of the tuberosity and the ascending ramus of the ischium, I found a considerable thickening of the soft parts, and, after some manipulation, I felt a cord-like mass rather bigger than whip-cord. On making pressure upon it, he said, "That is what gives me pain." It was quite apparent that the cause must be with the branch of the gluteal, or the pudic nerve, for no other nerves go to the side of the penis. I think Mr. Key and others had well sought for the cause in the pudic nerve, but had not detected it. It was obvious that pressure upon the perineal branch of the gluteal nerve gave the pain along the side of the penis. Upon inquiry, it turned out that this gentleman was accustomed to sit upon a hard and somewhat uneven seat; this led to the thickening of the soft parts, and to the pressure on the nerve, which produced the painful sensations he had experienced. I explained what I thought was the cause of the pain, and he said he was willing to do everything I thought necessary. I then applied some strong nitric acid over a circle, about an inch and a half in diameter, covering the thickened structures, which included the nerve, so that he could not sit upon the part, and desired him to have a hole made in his chair, or to use a hollow cushion. He adopted that course, and immediately the symptoms began to subside, and in three or four weeks they were all gone. Not a single thing was done but this. We see, then, that an acquaintance with the distribution of even this little filament of nerve may be importantly available in practice. This patient was cured by removing pressure from the nerve, and so giving it rest.

This case does not stand alone. A surgeon has sent me these notes of a case that I saw with him last year, and which was cured by "rest."

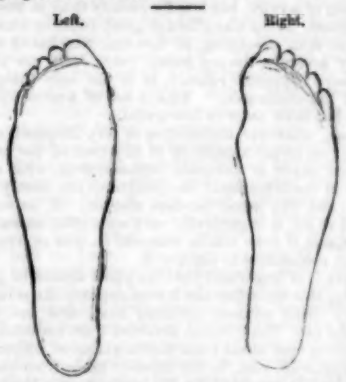
"*Enlarged bursa upon the tuberosity of ischium.*—On August 10th, 1860, my attention was directed by a lady, aged sixty, to an enlargement near, and rather on the anterior part of, the left tuber ischii, which was increasing in size, and becoming daily more inconvenient. She had been aware for a considerable time of some unusual numbness and painful sensation in the part itself and neighbourhood of the vaginal labium on the same side, more especially when riding in her carriage and sitting in her study, but had only discovered a marked enlargement a few days before.

"On examination, a deep-seated movable or pliant swelling could be detected, which, on being compressed by the fingers, conveyed a somewhat vermicular sensation, with a sense of fluctuation in it, though cyst-like. The examination was painless. Iodine was applied daily, and the use of a hollow seat recommended. The swelling increased in size, and became more painful. Mr. Hilton was consulted on Aug. 25th. The swelling had become more tense and globular, with indistinct fluctuation, surrounded by some undefined consolidation and enlargement. Mr. Hilton pronounced it to be an enlarged bursa, and thickening of the structures surrounding it; no heat or redness; no local evidence of suppuration. The patient was directed to have a pad made, with a circular hole in it, to receive the swelling, and made so that it could always be worn, and effectually remove all pressure from the part. He directed an eschar to be made with nitric acid over the enlarged bursa, so as to prevent the patient sitting upon the part, &c. The eschar separated on the sixth day, and the swelling gradually diminished.

"At the end of September—that is, in one month—I could only detect an ill-defined, deep-seated vermicular thickening, which has since further diminished.

"May, 1861.—The patient continues to protect the part from pressure by the pad, and has not been reminded of her affection since October, nor does she now suffer any inconvenience."

I had known this lady for some time, and was aware that she sat daily during many hours, occupied in literary pursuits. She explained to me how she sat on a hard chair, with a little table on her left hand, and she said, "As I read, I am obliged to sit sideways on my left side, in order to make my notes without getting up." I have no doubt it was that distorted position which led to pressure upon the bursa, and thence thickening of the surrounding structures, which, involving the perineal filaments of the inferior gluteal nerve, gave her these unusual sensations in the neighbourhood of the vagina. Here is another case illustrating the value of recognising the distribution of even so small a branch as the perineal, derived from the inferior gluteal nerve; and the bursa was cured by "rest," and the vaginal symptoms subsided.



Ground plan of boy's feet referred to in THE LANCET of Sept. 28th, page 292.

ON A

NEW REMEDY IN IRRITABLE CONDITIONS OF THE BLADDER.

BY HENRY THOMPSON, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

I HAVE derived considerable assistance, in treating certain morbid conditions of the urinary organs, from an agent hitherto little known, and have, therefore, thought it desirable to record my experience of its use, in order that the results may be shared by others.

It is the underground stem, popularly called "root," of the well-known grass, Triticum repens. As "a remedy for the gravel," it has long enjoyed much repute in some country districts. It belongs, also, to the materia medica of France, where it is esteemed as an "alterative and diuretic," but is not employed for the cases in which I have found it useful.

My first acquaintance with it was derived about three or four years ago from a gentleman in the country, who was the subject of severe and long-standing stricture of the urethra, and who had long used it to relieve the frequent and painful micturition of which he was the subject. In this case no drug in the Pharmacopœia afforded so much relief as the remedy in question; but this circumstance I was at first inclined to attribute rather to imagination, or to a peculiar idiosyncrasy, than to the virtues of the plant. However, on his strong and repeated representations respecting its value, not only to himself but to some others whom he had supplied with it, I was induced, not until about a year ago, to prescribe it in a few cases, and subsequently gave it a systematic trial on a large scale, both in hospital and in private practice.

The form I have adopted has been uniformly the same. One ounce of the dried and cut stem is infused in a pint of boiling water for an hour. The liquor removed by straining has been given, unmixed with any other remedy, in quantities varying from twelve ounces to a pint during the twenty-four hours, in several doses. The taste of the infusion is rather agreeable than otherwise; it produces no nausea or derangement of the stomach.

From notes of the numerous cases in which I have employed it, making at the same time due allowance for the effect of other sources of benefit to the patient, I have arrived at the following conclusions respecting the indications for its use:—

In vesical irritability produced by inflammation of the prostate and neck of the bladder; in severe gonorrhœa, and especially when the inflammation extends backwards; in the pain and spasm caused by calculus, and by aggravated stricture of the urethra, as well as in some cases of obscure disease of the bladder, the good effects of the infusion have been very marked, and it has proved far more efficacious than the buchu, which may fairly be esteemed the most widely applicable and generally useful of our officinal remedies of this class in such circumstances. In cases of prostatic enlargement in elderly patients it has been of service, but less frequently than in the conditions above-named. It has also afforded great relief in renal calculus. A medical man practising in London, who has thus suffered, and very severely, during many years, tells me that "after trying every approved remedy, it is the only thing that has rendered life endurable." This is one of four similar cases in which it has been more or less useful.

In short, wherever micturition is very frequent or painful, depending on hyper-sensibility of any part of the urinary passages from acute or subacute inflammation, with signs of its presence in the urine itself, the symptoms are mostly materially relieved, and the urine becomes clearer. If improvement is produced at all, it is generally very soon after commencing the medicine, and if none can be observed in four or five days, it is not worth continuing to employ it.

I believe it is important that the plant should be gathered in the spring, shortly before the leaves appear; the stem is then to be slowly dried without artificial heat, and cut into short lengths for use. The infusion obtained from material so treated is superior to that made from plants gathered indiscriminately at any time, and, also, to the infusion made from the Triticum repens which is imported by the herbalists for the purposes of French pharmacy in this country.

Wimpole-street, Oct. 1861.

ANEURISM OF THE ARTERIA ANONYMA.

By CHARLES D. ARNOTT, M.D., Gorleston.

ANEURISMS, however and wherever they occur, represent one of the most formidable and important classes of disease both to the surgeon and the physician; they have therefore engrossed much and serious attention. As a general rule, it may be stated that the nearer they occur to the centre of the circulation the less are they amenable to such modes of treatment as surgical science, in its present state, commands, and the more they pertain to the province of the physician. In recent times surgery has, indeed, widely extended her dominion over them; still there are bounds beyond which she cannot yet legitimately pass. Hence aneurisms naturally divide themselves into two great practical classes: they are either *within* or *beyond* the reach of surgery.

In some instances even this division seems somewhat difficult to define and fix; it would therefore so much the more forcibly conduce both to scientific accuracy and practical utility to render this line of demarcation, wherever blurred or indistinct, as definite as possible. In the case of aneurism of the anonyma, for example, such discordancy persists on this point, that its treatment becomes completely subversive of all scientific principle, and degenerates into nothing but culpably reckless and unjustifiable experimentalizing.

For the surgical cure of aneurism, three methods of arterial deligation have been devised, and practised with variable success. These are generally known by the names of their proposers, Hunter, Brasdor, and Wardrop.

The Hunterian operation, as tested now by the experience of years and frequent repetition, constitutes, *par excellence*, "*the surgical treatment of aneurism.*" It comprises many elements, and, when these can be commanded in their entirety, is a most promising and satisfactory surgical operation. Failure in its result is almost always due to some one or more of its important elements being either opposed or in abeyance. In the earlier days of this great advance in surgery, it was, like most other steps of progress, stretched too fast and too far, thought capable of more than it really is, and consequently now and then injudiciously adopted. Aneurism of the anonyma was surmised to come within its province. Ligature of the vessel on the cardiac aspect of the tumour, an operation within reach of due manipulative dexterity, was argued and believed to be brimful of promise. It was too hasty a generalization. Extended experience and a clearer knowledge of the requirements for a successful issue have since demonstrated that too many of the vital principles of the operation being necessarily violated, failure must result. Deligation of the anonyma by Hunter's method, for the cure of aneurism of this vessel, will never be repeated by any judicious surgeon.

Brasdor's modification of the Hunterian method admits but of limited application. There are but few cases in which it is expedient or available. Where its principles can be carried out, the operation is sound and reasonable. In aneurism of the anonyma it is ineligible. To fulfil its requirements, it would be necessary to deligate the common carotid, and the subclavian in the *first part* of its course. Setting aside all consideration of the insuperable disturbance to the circulation such measures must necessarily entail, the ligature on the subclavian would be so near the site of arterial degeneration, that permanent occlusion could not be reasonably hoped for. No living surgeon, I feel certain, would advise, far less have such operation attempted on his own person; and this I hold to be an excellent measure of its value.

Wardrop's operation has found much less favour than either of the preceding methods. It is generally regarded neither theoretically sound nor practically trustworthy; and has consequently all but passed into desuetude. It has, however, been recently revived and practised in Manchester, by Mr. Broadbent, for the cure of aneurism of the anonyma, with the usual and too easily to be predicted result.* The procedure, notwithstanding, finds an enthusiastic partizan in an anonymous writer from St. Bartholomew's Hospital,† who repudiates Mr. Broadbent's apologetic remarks concerning it, and speaks of it as an operation of high character and merit. Such discrepancy can only be regarded as utterly subversive of all surgical principles, and demands that the subject be carefully weighed in the balance and sifted, either to be commended and established, or to be repudiated and laid aside.

The principles of the operation may be briefly stated. It is supposed that the channel of escape from the tumour being diminished, retardation of the arterial current through the sac will ensue to such an extent as to prove favourable to consolidation. The operation is, thus far, believed to correspond in principle with that of Hunter, which only effects a slowing, and not a complete arrest of circulation through the aneurism. But the analogy is imperfect, and is not supported by any law of hydrodynamics. To annul pulsatile disturbance within the sac is a primary element in Hunter's operation. The ligature cuts off the power of the force-pump, and only permits what may be regarded as a trivial and beneficial leakage. In Wardrop's method the *vis a tergo* is in no degree restrained; but the means of escape beyond the tumour being impeded, the tumult between the power and point of obstruction is materially increased. It thus, instead of conducing towards, proves actively inimical to, cure. The weight of surgical opinion leans to its being regarded untenable, and, of all the modes of arterial deligation, the least to be confided in for the cure of aneurism.

If these statements contain any truth, the question naturally arises, how came this indefensible operation to be so recently selected and put in practice in one of the worst forms of this disease? Mr. Broadbent, in offering some apologetic remarks on the case, asks, "Why have recourse to this measure?" His reply is, that "unless some operation was resorted to the man could not long survive the effects of the disease;" and "he was anxious to submit to any operation which held out the possibility of curing him." Allow me to suggest neither reason appears in any way valid or satisfactory. The first undoubtedly requires an amended reading. The substitution of the word "*whatever*" for "unless some," renders the passage in its full and correct significance, and also simplifies the acceptation of the second reason; and with reference to the man's anxiety to submit to operation, this frame of mind, although

* THE LANCET, April 13th, 1861, p. 359.
† Ibid., June 8th, 1861, p. 577.

most satisfactory when circumstances are promising, holds out no justification for the encouragement of delusion, or the perpetration of impotent though dangerous measures, and should be checked, not pandered to, when circumstances are adverse and unpromising.

Let the effects of Wardrop's operation, as illustrated by Mr. Broadbent's case, be carefully analysed, and there cannot, I think, be any difference of opinion respecting it. It evidently did not exert the slightest sanative power over the disease, but permitted it to run its course unchecked, and to produce its fatal issue exactly as would have resulted without the operation. Any apparent mitigation of symptoms—such, for example, as the occasional absence of bruit—was manifestly due not so much to the operation as to other causes. Secondary hæmorrhage repeatedly occurred; digitalis was administered: these much more reasonably explain the phenomena observed, which were construed into indications of amendment; and these effects could surely have been commanded more safely without the operation. Unclosed wound of the carotid, with its concomitant dangers and tortures, could but fearfully aggravate systemic disturbance, and tend, in all reasonable probability, to accelerate the event; it undoubtedly rendered the brief period of the unfortunate patient's existence all the more wretched.

Approval and justification of the operation are notwithstanding sought on the ground of the most satisfactory progress of the case for two months; the true meaning of which is, the man did not die within this period; and it is intimated that but for an unexpected attack of bronchitis the result might have been different. To this bronchitic attack is attributed probable displacement of some of the coagula within the sac, although, in the first part of the remarks, it is observed, "The large size of the tumour prevented my attempting to displace the coagula, if any existed, or of exciting new action in the sac by friction of its walls, the plan so ingeniously carried out some years ago by Mr. Fergusson."

By this we are led, as the extremely learned and original Brown-Séquard has pointed out,* to two singularly contradictory series of inferences, which may be thus stated:—*Displacement of the coagula within the sac is inimical to cure;* and, *Displacement of the coagula within the sac is favourable to cure:* further proof that the surgical treatment of aneurism of the anonyma, in its present state, is based on nothing sound, and constitutes, in fact, but absurd and rash experimentalising.

Surgery, in the present state of her resources, is inadequate to contend with aneurism of the anonyma, and it is culpable perversion of her high position to be pressed into such unholy service. Until something much more promising presents itself, the treatment of this serious malady pertains much more rationally and humanely to the department of Medicine.

Gorleston, Great Yarmouth, 1861.

REMOVAL OF A NEEDLE FROM BENEATH THE SKIN OF THE ABDOMEN OF A CHILD.

By GEORGE D. GIBB, M.D., M.R.C.P.

THE following case may appear to be trivial, but my object in recording it is to show the extreme carelessness of nurses in allowing very young children to play with pins and needles:—

A lady was superintending the ablution of several of her children in a bath. The youngest, a female child, not two years old, cried very much; it had been very fractious and irritable for several days. The cause of this was unsuspected until the mother discovered a loose body under the skin just below the right false ribs, which she thought might be a portion of a rib. The child evinced pain when it was touched. This was shown to me; and I had no difficulty in at once recognising a needle, although it felt as if there really was a larger body from the duplicature of integument around it. A minute speck was discernible upon the skin lower down, which was no doubt the point of ingress. No satisfactory explanation could be afforded of how the needle came there. As the children, however, had been permitted indiscriminately to play with pins and needles by the nurse, the solution of the question was easy enough. Next day I forced the point of the needle through the skin, and drew it out with a pair of forceps. It was nearly an inch and a half long, quite black, but not rusty. The child is now as lively as heretofore.

Portman-street, Portman-square, Oct. 1861.

* THE LANCET, July 6th, 1861, p. 4.

REPORT OF A

CASE OF POISONING BY STRYCHNIA.

RECOVERY.

By WM. TRAVERS, ESQ., M.R.C.S. ENG.

DR. PART'S able paper on "Poisoning by Strychnia," contained in THE LANCET of March 30th and April 6th last, has led me to believe that a brief notice of the following case may not prove uninteresting, analogous as it is in nearly every respect to Dr. Part's own case, the poison, too, having been taken in the same form, that of "Battle's vermin-killer."

Kate W——, aged twenty, a married woman, a Greek by birth and extraction, was brought to Charing-cross Hospital at half past eleven P.M. on the 17th of March last, having about an hour previously, in a fit of jealousy, swallowed the entire contents of a packet of the above-mentioned compound. She had been already visited by a surgeon, and an emetic had been administered, without however producing vomiting. Upon admission, the body was perfectly rigid; limbs extended and immovable; eyes protruding and fixed; teeth firmly clenched; countenance anxious, and of a dusky hue; breathing deep and irregular; pulse very small and quick. The spasm shortly relaxing, she became sensible for a few moments, only again to relapse very speedily into a similar state. Being anxious to remove without delay any of the poison remaining in the stomach, I attempted to use the stomach-pump; but finding on each trial to introduce the tube, or in fact on even touching the patient, that the spasm increased tenfold in violence, I abstained from any farther effort, and contented myself with forcing her to drink (though with great difficulty) a powerful emetic dose of sulphate of zinc dissolved in hot water. This fortunately soon took effect, and vomiting was kept up for upwards of half an hour. The tetanic spasms had, however, by this time increased very much in intensity, each attack commencing with a prolonged loud and peculiarly shrill scream; the body then becoming perfectly rigid, the legs widely separated, and opisthotonos occurring to such an extent that the patient appeared to rest almost solely on the occiput and heels. During the fit the dyspnœa became more extreme, the eyes open to their widest extent, the eyeballs started from their sockets, and the pupils dilated to the utmost. At length, after the lapse of about half a minute, a sudden tremor appeared to seize the entire frame; the limbs became relaxed, the muscles flaccid, the eyes dim, the skin bedewed with a cold clammy perspiration, and the breathing scarcely perceptible; not any pulse was to be felt at the wrist; the patient, in fact, was lying as I believed dead. Ammonia applied to the nostrils and cold water dashed in the face gradually increased the force of the respiration, and the pulse could again be felt. But with the return to consciousness the symptoms of spasm were once more renewed, became more violent as the sensibility returned, and held out a prospect of becoming as formidable as before.

Doubting whether the patient would survive a second attack, I was anxious, if possible, at once to restrain the spasm, and with this view determined to administer chloroform. This I proceeded to do at once, carefully watching the patient, yet at the same time so using it as to bring her as speedily as possible under its influence. Its effects were soon perceived; in a very short space of time the countenance lost its fixed and anxious appearance, the eyes became less prominent, the opisthotonos subsided, the limbs gradually became relaxed, the respiration more normal, the pulse fuller and less frequent, and, when completely under its influence, the spasm had entirely left her, and she lay as in a sound sleep. I now withdrew the inhaler, yet remained by her, and at each attempt at return to consciousness (generally showing itself by some spasmodic working of the features) I reapplied the chloroform. At length, two hours and a half having elapsed, and the pulse becoming weaker, whilst a slight return to sensibility not having been accompanied with any return of the spasm, I allowed the effects of the anæsthetic to pass off. In the course of half an hour, some slight convulsive attacks having again shown themselves and becoming gradually more violent, I gave the patient forty minims of the tincture of opium with half a drachm of the compound spirit of ammonia in camphor mixture; and at the end of an hour, the symptoms still occurring occasionally and the patient being somewhat excited and restless, I repeated the dose. Shortly after this she fell into a sound sleep, which continued, with scarcely an interval of waking, for six hours. The following morning she expressed herself as

feeling quite well, only very weak, and occasionally complained of a pricking sensation in the extremities. Vomiting, which could with difficulty be allayed, now set in, without any assignable cause, leading Dr. Willshire (under whose care she was now placed) to suspect the presence of some irritant poison besides strychnia in the compound she had taken. Upon subsequent inquiry, I found that the packet also contained a small quantity of arsenic, which might supply a reason for the otherwise unaccountable continued gastric irritation. Under treatment the vomiting was allayed, the nervous irritability which succeeded subsided, and the patient was discharged at the end of a few days quite convalescent.

Charing-cross Hospital, 1861.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

NECROSIS OF THE CRICOID CARTILAGE, WITH SEVERE ATTACKS OF DYSPNŒA FROM PRESSURE ON THE RECURRENT LARYNGEAL NERVE; TRACHEOTOMY; FATAL RESULT.

(Under the care of Dr. PAVY.)

OF the various cartilages which enter into the construction of the larynx, the cricoid is considered to be more often the subject of disease than any of the others. It was the only part found affected in the following case; and, singularly enough, its lining of mucous membrane was not involved, nor was the passage through it in any way encroached upon. The dyspnœa arose from another cause—namely, compression of the recurrent laryngeal nerve between some enlarged glands. The notes of the case were furnished by Mr. Harry Geo. Moore, clinical clerk.

James L——, aged thirty-one, sailor, admitted March 8th, 1861. Family all healthy. Had syphilis ten years ago. Two years since was under Dr. Rees in Luke ward with large sores in the legs, and ten months ago he was in Stephen ward with ulcerated sore-throat. Has been very much exposed to all kinds of weather. Very irregular in his living, having drunk a great deal. Three weeks back, when on board ship, he caught a severe cold; and about a week afterwards his throat became very bad, and he was told he had croup, having much difficulty in breathing, and feeling as if there was a heavy weight at his chest. He was blistered and leeched, which relieved the chest; but the throat still continued very bad, the patient being scarcely able to breathe, but not complaining of pain. On the 15th of March, before having the leeches and blisters applied, he suddenly fell down utterly exhausted, and suffering from excessive dyspnœa, which lasted for about twelve hours. Since then he has had a similar attack four or five times. He was sent to the hospital, his case appearing perfectly hopeless to the physician attending him. Has no dysphagia.

State on admission.—Dyspnœa excessive; breathing with a well-marked croupy sound; nothing abnormal to be seen about the throat, to which part he refers the greatest amount of uneasiness; there is not the slightest pain on pressure; cannot lie down at all, as he is nearly choked if he attempts to do so; tongue very white; bowels regular; bronchitic expectoration, slightly tinged with blood; a good deal of hoarseness of voice, and cough rather troublesome; the skin of the body is very clear, as also the sclerotic, and feels cold; pulse soft and compressible; glands on the left side of the neck, behind the sterno-mastoid muscle, enlarged. Ten leeches to be applied over the trachea, and to have a mixture of wine of antimony in julep of ammonia every four hours. To inhale steam frequently.

March 9th.—Very ill in the night, having had another attack of dyspnœa; but after inhaling steam he began to breathe better, and this morning seems much improved, and speaks with a great deal more ease. Pulse 96; respirations 18.

11th.—Breathes quite comfortably, but is not able to lie down at all, and the croupy noise still continues; takes food very well.

12th.—Breathing not quite so good as yesterday; respirations 22; pulse 90; has cough, the cause of which he refers to the chest, but there is no disease to be found there by the imperfect examination the patient's weak state allows of being made. Ordered a blister to the sternum.

About seven o'clock P.M. he appeared to be sinking rapidly, and at nine tracheotomy was performed. He rallied for a little while, but at eleven he seemed to be choking, and died.

Post-mortem examination.—Cricoid cartilage externally ulcerated at the back part, small pieces of dead cartilage separating from the rest. The mucous membrane over the diseased parts seemed perfectly healthy. Slight bronchitis, and tubes filled with frothy blood. The recurrent laryngeal nerve was completely wedged in between some enlarged glands, just behind the lower part of the posterior border of the sterno-mastoid muscle.

ST. GEORGE'S HOSPITAL.

TUBERCULOUS ABSCESS BURSTING INTO THE TRACHEA OF A CHILD; FATAL RESULT; AUTOPSY.

(Under the care of Dr. FULLER.)

THE symptoms which were present in the following case, two or three days before death, are clearly explained by the discovery of a large abscess which had ulcerated into the trachea. The fatal issue was not sudden, because the ulcerated opening was plugged by masses of crude tubercle.

The notes of the case were taken by Mr. Jones, one of the hospital pupils:—

Harriet B——, aged four years, was admitted on the 6th of May, 1861. She was said to have suffered, more or less, ever since she was attacked with whooping-cough two years ago. This left a frequent hacking cough. About six weeks previous to her death her mother observed that her breathing was short and accompanied with wheezing, her cough was worse, her skin hot, and she complained of pain in the chest. Under medical treatment she appeared to get better; but three weeks afterwards she had a similar attack, likewise of a temporary character. On the 4th of May she was noticed to be hoarse, and was heard to wheeze in breathing; but she was able to go out and play on this and the following day. On the 6th the cough increased, the breathing grew very difficult, and she was brought to the hospital. She was then in a state of considerable dyspnœa, with much movement of the alæ nasi. There was a (not very frequent) dry cough, with rattling of mucus in the larger tubes. The skin was cool; the lips natural in colour; the pulse quick and small; the tongue clean. An emetic was at once given, which acted freely, and caused the ejection of some cheesy matter, which looked much like lymph. No relief was experienced. The dyspnœa continued to increase until early the next morning, when she died. The question of tracheotomy was not debated, as the case was not regarded as one of croup.

Autopsy, eleven hours after death.—The body was in good condition. The fauces and pharynx were healthy. On cutting into the thorax, an abscess was seen just below the front of the sternum. This was found to proceed from the softening of a large collection of crude tubercle, which lay close upon the upper edge of the thymus gland, but did not seem to be deposited in that body. It had exercised considerable pressure upon the trachea, and had burst into that tube, close above its bifurcation, by a large round opening, into which some of the crude tubercle was still projecting. The lining membrane of the trachea was slightly vascular. There was much crude tubercle in the bronchial glands, which appeared to render it probable that the original seat of the tubercular abscess had been in one of the most anterior of these glands. Both lungs were studded throughout with miliary tubercle, otherwise they were healthy, and contained little fluid. The heart, liver, and spleen were healthy. The mesenteric glands were loaded with crude tubercle, forming large hard masses, like marbles. In the lower part of the small intestine was found a little scrofulous deposit, in the shape of small rounded tubercles, and a single cicatrix of an ulcer.

ST. BARTHOLOMEW'S HOSPITAL.

PROTRUSION OF THE EYEBALL FROM SUPPURATIVE INFLAMMATION OF THE ORBITAL AREOLAR TISSUE; DETACHMENT OF SLOUGHS; RECOVERY.

(Under the care of Dr. BURROWS and Mr. COOTE.)

THE pathology of protrusion of the eyeball has yet to be elucidated, for in many instances the utmost obscurity prevails as to its true nature. This is more particularly noticeable in that form of protrusion accompanied by enlargement of the thyroid gland and disease of the heart, to which the attention of the profession was directed some years ago by Dr. Macdonnell, of Montreal, in the *Dublin Medical Journal*.

A few weeks since, a case of considerable interest was admitted into St. Bartholomew's Hospital, under Dr. Burrows' care, which at first was believed to be the affection described by Dr. Macdonnell, but there was no heart disease nor any thyroid enlargement. It proved to be acute inflammation of the intra-orbital areolar tissue, proceeding to suppuration and detachment of sloughs, the sequelæ, by extension, of erysipelas of the face and head. The particulars of the case are briefly as follows:—

Rosina M——, aged seventeen, was admitted on the 18th of July, suffering from erysipelas of the right side of the face and head; this subsided, leaving the right upper eyelid swollen. Suppuration took place, and the abscess was opened by the house-surgeon. A quantity of matter escaped, but the wound did not heal. Dr. Burrows, whose case it was, requested Mr. Coote to take charge of it, and he found the eyeball much protruded, and everted on its axis. Large doses of steel were ordered, with good diet, wine, &c., and the patient was directed to get up and walk about the quadrangle of the hospital. The sight of the eye was much disturbed.

On the 24th of August, whilst the patient was bathing the eye, she pulled out two sloughs of areolar tissue of considerable size, evidently from the back of the orbit. This was followed by gradual recession of the eyeball, with improvement of sight, and the wound in the eyelid seemed disposed to close.

On the 7th of September, a third and smaller slough made its way out, and by the 23rd the eye had, in great part, regained its natural position.

The patient shortly after left the hospital.

LONDON HOSPITAL.

ABSCESS OF THE NECK, INVOLVING THE TONSIL; HÆMORRHAGE FROM THE LATTER; RECOVERY.

(Under the care of Mr. MAUNDER.)

W. A. C——, a spare man, aged thirty-six years, had been under the care of Mr. Comley for three weeks, with pain and swelling of the right side of the neck about the angle of the lower jaw, terminating in an abscess, which opened internally through the tonsil, and was evacuated externally by an artificial opening on August 16th. Healthy suppuration continued for a week, when, on the morning of the 23rd, hæmorrhage occurred both from the mouth and the external wound. Mr. Maunder saw the case with Mr. Comley, and agreed that the patient, who required constant watching, should be admitted into the London Hospital at once; when, on examination, the sac of the abscess, from the lower jaw to the clavicle, was found to be distended and fluctuating. The expectoration was bloody; there was inability to open the mouth, although, with the aid of a candle, the right tonsil could be seen enlarged and streaked with blood. The patient thought the blood tinging the sputa might come from the gums; but inasmuch as each sputum was peculiar, consisting apparently of clear saliva anteriorly and of blood posteriorly, Mr. Maunder gave the preference to the tonsil as the source of the blood, believing that were its origin in the gums, the blood and saliva would be more intimately mingled. The sac of the abscess was freely laid open at its lower part, and its contents, which consisted of coagula, were evacuated by the finger and by a syringe and water; this being done, the sac was washed out with a solution of perchloride of iron, and a compress and strapping were applied to maintain the walls of the abscess in apposition and to exert pressure.

Aug. 24th.—Heat and swelling about the neck and cheek; discharge sanguino-purulent. Compress removed.

25th.—The swelling is subsiding; discharge more purulent.

Sept 6th.—With the exception of the formation and the artificial evacuation of a small abscess on the cheek, the case has tended to recovery throughout, and the patient was discharged from the hospital to-day.

ROYAL FREE HOSPITAL.

COMPOUND FRACTURE OF THE TIBIA AND FIBULA, WITH EXTENSIVE LACERATION OF THE SOFT PARTS AND WOUND OF THE ANTERIOR TIBIAL ARTERY; AMPUTATION OF THE THIGH; FATAL RESULT.

(Under the care of Mr. GANT.)

WITH such injuries as were received in the following case, there could be no question as to the propriety of immediate amputation. It was therefore resorted to three or four hours after the patient had somewhat recovered from the condition of severe collapse which was present. The child, however, never completely rallied from the shock of the injury, and died on the third day. For the notes of the case we are indebted to Mr. J. D. Hill, house-surgeon to the hospital.

Ada G——, aged nine years, having been knocked down by a brewer's dray, was admitted August 6th, with a compound fracture of the leg. The integument was stripped entirely off the anterior aspect of the left leg, from just below the knee to the ankle-joint, exposing the tibia and extensor muscles. Posteriorly the integument was also separated from the gastrocnemius, so as to allow of the hand being passed underneath the skin entirely round the calf. The integument was ingrained with dirt. The deep fascia was stripped off the extensor muscles; and the tibialis anticus muscle, with part of the extensor longus digitorum, were uprooted from their attachments and lacerated, with grit. The periosteum also was torn off the crest of the tibia. The anterior tibial artery was wounded about the seat of fracture, which extended obliquely through the upper thirds of both the tibia and fibula, and here the gastrocnemius and soleus muscles were separated from the deep fascia binding down the flexor muscles. With these injuries Mr. Gant entertained no doubt about the propriety of amputation; yet the collapse was so profound and persistent, that two or three hours were allowed to elapse, during which stimulants were administered from time to time, and the pulse watched. At length a more favourable opportunity presented itself, and Mr. Gant amputated through the thigh at its lower third; but the child never effectually rallied from the overwhelming collapse, and survived the operation only three days.

CHARING-CROSS HOSPITAL.

MUSCULAR TUMOUR SPRINGING FROM THE STERNO-MASTOID MUSCLE, THE RESULT OF MYOSITIS; RECOVERY.

(Under the care of Mr. BARWELL.)

TUMOURS that are truly muscular in their nature most probably in many instances originate in a true myositis, the result of some form of injury, although pathologists affirm that they now and then occur spontaneously. Rokitansky asserts that the myositis may be acute or chronic, and that it is sometimes confined to a few spots of a muscle, whilst at others it may invade the whole body of one or of several muscles at once. An example in which it was chronic, and confined to a part of the muscle, is at the present time under treatment in the Charing-cross Hospital. An elderly woman received a blow on the left side of the neck seventeen years ago; this was followed by swelling and fluctuation. A puncture was made, and about a pint of watery fluid came away. A lump remained, but her general health continued good. On the 9th of August last the tumour was punctured a second time, and some milky fluid evacuated. Shortly afterwards the growth projected outwards and penetrated the skin at the seat of the puncture, forming a protruding ulcerated mass of the size of a walnut. It resembled a hernia testis in appearance. The finger could be passed around it beneath the integument, and it was clearly made out by Mr. Barwell to be a muscular tumour in connexion with the sterno-mastoid muscle. It was situated a little more than two inches below the left ear, in the course of the muscle. A probe passed upwards to the origin of the muscle, but not downwards; and a little yellowish-white fibrinous fluid could be squeezed out. On the 23rd of August

Mr. Barwell excised the protruding mass, pared the edges of the surrounding skin, and brought them together with silver-wire sutures. Union is taking place, partly by adhesion, partly by suppuration; and a cure is anticipated. From the history of the case and the nature of the tumour, the evidence would seem to point to myositis in the first instance as the result of the blow.

METROPOLITAN FREE HOSPITAL.

INJECTIONS OF LIQUOR HYDRARGYRI PERNITRATIS IN THE TREATMENT OF GONORRHŒA.

THE following report has been furnished us by Dr. John Warner, resident medical officer:—

The effects of the above remedy, employed by Mr. G. Borlase Childs in the treatment of gonorrhœa, have been watched with much interest. In laying his experience of this remedy before the profession, Mr. Childs observes: "Gonorrhœa is a disease so common in large cities, and so well understood by medical men generally, that any further observations on the subject may be regarded as not only unnecessary, but altogether unacceptable and tedious. There is no disease, perhaps, which affords so wide a field for fancy treatment, and there are few practitioners who are not wedded to some peculiar treatment of their own. Whilst some rigidly pursue the antiphlogistic treatment, others discard it altogether, and strive to arrest the disease by the immediate exhibition of those remedies which are generally regarded as exercising a specific control over it. In both cases the unfortunate patient is dosed *usque ad nauseam*. The functions of the stomach become impaired, the general health suffers, and, though the acute character of the symptoms is subdued, the patient is frequently left with a troublesome gleet, aggravated and prolonged by the continued use of copaiba and cubebs. Such cases are of common occurrence, and the result of my experience leads me to the opinion that chronic discharges from the urethra are oftener the result of injudicious treatment than of the disease itself. With some practitioners there appears to be a deep-rooted prejudice against any other than a constitutional treatment, and the pertinacity with which they adhere to it is something marvellous. Local treatment is the exception and not the rule; and whilst in most other local diseases local remedies are employed, in the early stages of this they are rarely entertained. Surely the facility for applying local remedies to the urethra is not less than to any other inlet or outlet of the body. The specific inflammation, as described by Hunter, does not extend beyond four inches from the meatus, and therefore can be easily reached. It cannot be from any obstacle of this kind that local remedies are so frequently neglected; we must look for some other cause, and I think it will be found in the groundless fear entertained that injections either induce orchitis or lead the way to stricture. Now this I am prepared to deny, and my experience leads me to the conclusion that a judicious and well-timed employment of injections cannot fail to lessen the risk of such complications. Orchitis in the earlier stages of gonorrhœa is rarely met with—not until a week or ten days have elapsed, and when the inflammation has crept surreptitiously along the passage—when, in fact, it has passed beyond its specific boundary. The same reasoning applies to stricture, with this exception, that the former is the result of acute, the latter of chronic, inflammation. Inflammatory stricture I have never seen induced by injections. Such being granted, it is not unreasonable to infer that the sooner the specific inflammation is subdued the better, and that by so doing the chances of such occurrences are lessened."

For many years, both in hospital and private practice, Mr. Childs has acted on this principle, and his experience at the Metropolitan Free Hospital has afforded him ample opportunity of estimating the relative value of the two treatments. With some few exceptions, he has trusted *entirely* to injections, and has rarely known them to fail. Chloride of zinc, perchloride of iron, and the liquor hydrargyri pernitratis have been employed with the best results. Of this latter Mr. Childs remarks he can speak with the most unqualified praise. For the last six months he has employed it with the happiest results. In some instances six injections have been sufficient to effect a cure, whilst in other cases the treatment has rarely exceeded ten days. In no case has copaiba or cubebs been administered; and, with the exception of a saline aperient at first, reliance has been placed solely on the liquor hydrargyri pernitratis. It would be easy to support this by corroborative testimony in the shape of cases from notes made at the time, but the character of sameness about them would destroy their interest. Suffice it to say that notes have been made, and the results are so satisfactory that Mr. Childs has been induced to draw the attention of the profession to this valuable agent in the treatment of ordinary cases of gonorrhœa. It may be well to state that the strength of the injection employed is half a minim of the solution of pernitrate of mercury to an ounce of water; to be used three times a day.

Provincial Hospital Reports.

MANCHESTER ROYAL INFIRMARY.

CANCER OF THE LOWER LIP, AT THE CENTRAL PART OF ITS INNER SURFACE; EXCISION.

(Under the care of Mr. WM. SMITH.)

THE greater frequency with which cancer occurs in the lower than in the upper lip is supposed to be due, as Professor Pirrie observes, to the former "being much more exposed to irritation on account of its situation and mobility." Though the presence of a rugged tooth, or the use of an unglazed clay pipe, often gives rise to cancer of the lip, yet the disease may originate spontaneously. Sometimes the affection presents itself in the centre of the lip, and is very liable, if not early removed, to enlarge and spread laterally. The usual situation of the origin of the disease, however, is on either side of the lip.

We had the opportunity recently of seeing, in the Manchester Royal Infirmary, a case of what appeared to be scirrhous cancer affecting the centre of the inner surface of the lower lip, in a man over sixty years of age. Nothing was to be observed externally beyond a little prominence of the part mentioned. It was removed by Mr. Smith on the 13th ult., without chloroform, by means of the ordinary V-shaped incision, the edges of the wound being brought together afterwards by hare-lip pins, and collodion brushed over the anterior part of the wound when closed—a proceeding we have seen Mr. Fergusson adopt in operations upon children for hare-lip. As the general health of Mr. Smith's patient seemed to be otherwise good, we have no doubt that union has occurred by adhesion.

On the same occasion Mr. Smith removed the left arm, at the seat of a compound fracture at its upper third, of a lad who had shortly before been brought into the infirmary. The amputation was circular, and after the arm was detached, Mr. Smith sawed off the sharp end of the fractured bone.

From the number of accidents constantly occurring in a great manufacturing town like Manchester, the surgical wards of the infirmary are almost always filled with examples of fracture and other injuries. On the morning of Sept. 13th, as we were informed by the house-surgeon, five cases of injury had been brought in before eleven o'clock.

MANCHESTER HOSPITAL FOR SICK CHILDREN.

ACCIDENTAL ICHTHYOSIS; NECROSIS OF THE ILIUM AND SACRUM; TUMOUR OF THE LEG OF AN INFANT; AND OTHER CASES.

(Under the care of Dr. BORCHARDT.)

ONE of the most useful institutions in Manchester is the Children's Hospital and Dispensary, in Bridge-street. It contains 25 beds, constantly filled with the more urgent cases of disease. During the year 1860, 236 children were in-patients, selected from the worst of 4636 out-patients. Amongst the former, besides the usual diseases incident to children, there were 28 cases of affections of the joints, 16 of cutaneous maladies, and 16 of accidents and injuries.

Through the kindness of Mr. William Lomas, the house-surgeon, we had the opportunity recently of observing various cases of interest in the wards, and amongst these was an example of idiopathic or accidental ichthyosis in a boy aged thirteen, who was then convalescent. The eruption, usually

so intractable to treatment, had for the present disappeared under the use of good diet, cod-liver oil, and steel wine. The boy was otherwise of a strumous constitution, and besides the fish-skin disease, he had been the subject of small cutaneous abscesses in different parts of the body, most of which had healed. A considerable swelling of the left knee-joint was present, partly from enlargement of the articular ends of the bones, and partly from effusion at the side of the joint, possibly purulent. Yet the joint itself was intact, for motion was good, and there was freedom from pain and other inconvenience.

A little girl, aged eight years, admitted March 21st, was the subject of necrosis of the posterior part of the left ilium, subsequently extending to the sacrum. Several small fragments of the latter had been removed, and there was a tendency towards healing. The disease of the bone was strumous.

Some weeks back the thigh of an infant was amputated for a medullary tumour, of the size of an orange, in the calf of the leg. It appeared to spring from the back part of the tibia, and had involved that bone.

We were also shown a remarkable case of ossification of the muscles, to which we shall probably have occasion to refer at some future time.

SUMMARY OF CASES TREATED AT THE CHINESE HOSPITAL AT TIEN TSIN,

ESTABLISHED AND SUPPORTED BY THE ARMY OF OCCUPATION, AND UNDER THE CHARGE OF J. LAMPREY, M.B., SURGEON 67TH REGIMENT.

THIS hospital was opened in the month of January last, and has been up to the present time in operation for six months.

Surgical.—Eye diseases: Entropion, 240; cataract, 46; glaucoma, 8; pterygium and opacity of the cornea, innumerable. Excision of elbow-joint, 1; partial excision, 1. Amputations: above the elbow, 1; above the knee, 1; thumb, 1; big toe, 1; first toe and metatarsal bone, 1. Removal of diseased bone from tibia, 4; from femur, 1; from humerus, 4; from upper maxilla, 2; portion of carpal and metacarpal bone, 1; portion of frontal bone, 1. Tumours: fatty, 6; steatomatous, 4; fibro-cartilaginous, from the hand, 1; from the face, 1: some of these were remarkable for their size. Lithotomy, 1; rupture of urethra in perineo, radical cure for hydrocele, 3; imperforate prepuce, 4; fistula in ano, 25; hare-lip, 1; onychia, phlegmon, anthrax, &c., and all the minor operations of surgery innumerable.

Medical.—Paralysis of all forms; pneumonia, bronchitis, haemoptysis, and whooping-cough; abscess and congestion of liver, and icterus; anasarca and ascites; diarrhœa and dysentery; constipation; fevers, remittent, and scarlatina; rheumatism, scrofula, cancer; skin diseases innumerable (of these scabies and a form of lupus were very prevalent).

The patients now come from all parts of the north of China, and place themselves under treatment with every confidence. It is the first institution of the kind established in the north of China, and has, during the short time it has been in operation, been the means of doing an incalculable amount of good amongst the native inhabitants of Tien Tsin and vicinity.

The weather during the present month (July) has been excessively hot, though not oppressive. The thermometer in the shade has been as follows since the 15th:—

	Maximum.	Minimum.
	°	°
15th	98	76
16th	105	75
17th	95	73·5
18th	104	77
19th	105	80
20th	108	82
21st	107	83
22nd	108	82
23rd	105	81·5
24th	96	81·5
25th	94	74

Several cases of sun-stroke occurred amongst the troops and native population: also some cases of sporadic cholera. The Chinese appeared to be quite familiar with both these diseases, and attributed them to the excessively hot weather, which, however, is not always experienced at this time of the year. Douching with cold water has been found most efficacious in the treatment of sun-stroke; and the other day an incident occurred which is worthy of notice. A Chinaman of one of the merchant class was seen to stagger and fall while walking in the street. An English soldier, who happened to see him at the time, stopped a coolie who was passing by with his buckets full of water, and immediately douched the Chinaman, and thus saved his life. It was the talk amongst the Chinese all through the town, and will be remembered as one of the historical incidents of the occupation of the place by the barbarians.

Reviews and Notices of Books.

The Human Foot and the Human Hand. By G. H. HUMPHRY, M.D., F.R.S., Lecturer on Anatomy and Physiology in the University of Cambridge. pp. 215. Cambridge: Macmillan and Co.

ORIGINALLY in the form of popular lectures, these pages have been elaborated by the author into a goodly volume, amply illustrated by excellent woodcuts. Dr. Humphry has aimed at imparting some information on two of their most important members to the public, who are, as a rule, so wofully ignorant of the structure and mechanism of their own bodies. The points of similarity and distinction between the two limbs are plainly and tersely put; and the author is careful to show how admirably the mechanism of each is exactly fitted to the work which it has to perform. Comparative anatomy is made to contribute illustrations of the modifications which both hand and foot undergo in the animal series; and the author seems to have taken the opportunity of reassuring some nervous members of his audience (perhaps rendered uncomfortable by a perusal of "Darwin") by pointing out the unmistakable differences between man and the monkey as respects their upper and lower extremities.

Interspersed amongst the more strictly anatomical details are many remarks of both interest and value to the public. Thus Dr. Humphry launches an arrow against "the small bone of the shoulder," &c., which are so commonly spoken of by quacks and their dupes; gives a word of advice as to the form of shoe, and the cause of in-growing toe-nail; and investigates such interesting questions as why the wedding-ring is put on the *third* finger of the *left* hand; and why we turn a cork-screw from left to right.

We cordially recommend the book to the public and the profession; the former cannot but be benefited by it; and the members of the latter, even though accomplished anatomists, will be both interested and amused by the novel way in which many of its points are brought forward.

On the Sounds caused by the Circulation of the Blood. Being a Thesis read in the University of Dublin for the Degree of M.D. at the Winter Commencement, 1860. By ARTHUR LEARED, B.A., M.D., &c.

WE have always bestowed the palm upon the "nature of inflammation," as being the question *par excellence* by which medical writers might be most effectually set at loggerheads. But the "cause of the sounds of the heart" certainly merits the next place; and we suspect, if the latter question had been as old as the former one, the "nature of inflammation" would have had a very hard struggle to maintain its quarrelsome place. Here is Dr. Leared with another protest *quoad* the heart, and in support of which we must admit that he argues very ingeniously, if not upon all points very satisfactorily. His main propositions are as follows:—

"All sounds formed in connexion with the circulation are produced by and in the blood itself, and their mechanism is virtually the same."—p. 31.

"The first sound coincides with the ventricular systole, and is caused as follows: Blood having been forcibly driven from the ventricles into the aorta and pulmonary artery, comes into forcible contact with blood in these vessels, which, supported by the semilunar valves, had attained a state of momentary repose. The impact between this fluid in motion and that in a state of rest gives rise to the sound."—p. 9.

"The second sound occurs during diastole, and in its mecha-

nism closely resembles the first. The blood having been driven with much force into the aorta and pulmonary artery, a portion of it recoils, but is checked in its rapid descent towards the heart by the semilunar valves. The sound is caused by the concussion thus induced, the force of which is, however, by no means sustained by the valves alone, for they are thoroughly supported by the ventricles and their contents. This is obvious, since there can be no approach to a vacuum in the heart. The valves are to be regarded as separating media, which do not themselves sustain the force of the descending blood."—p. 12.

Dr. Leared's thesis will repay perusal, as something new and striking in medical polemics.

Eastbourne, and the Advantages which it possesses as a Resort for Invalids; with General Remarks on Sea-Bathing, Sea-Air, and Exercise. By WILLIAM ABBOTTS SMITH, M.D., M.R.C.P. Lond.; and CHAS. C. HAYMAN, M.D., L.R.C.P. Edin., &c. pp. 94. London: Stanford.

THIS little work we regard as a mistake: it had better have been left unwritten. We are at a loss to know for whom it has been undertaken—whether for the public or the profession. There are, perhaps, ten pages—certainly not more—relative to Eastbourne; and between eighty and ninety of necessarily most meagre talk about a whole host of diseases. We are not aware that a work upon Eastbourne was required any more than one about Herne-bay or Little Pedlington. It is now well known to be a healthy sea-side locality, and a quiet, agreeable spot for summer recreation; one, indeed, which is greatly rising in reputation amongst metropolitan families, who have hitherto been finding their way to it without the aid of any crimson-bound, gilt-edged guide; and now that they have got one, we do not see that they will be much the better for it.

Des Mesures d'Hygiène Publique qui doivent être conseillées à l'Autorité pour Empêcher la Propagation du Virus Syphilitique. Par A. RODET, Ex-Chirurgien-en-Chef de l'Antiquaille de Lyon. pp. 32. Paris.

THIS is a pamphlet written in answer to a question proposed by the Academy of Cadiz in 1859. The author states that he is induced to issue his memoir before the result of the competition is known, as M. Burin Dubuisson (who probably assisted him) has chosen to publish M. Rodet's researches on the discovery of a fluid capable of neutralizing chancrous inoculations. Nay, more: M. Burin has attempted to advertise the fluid, and make the discovery pay in recommending it to the public. M. Rodet declares himself indignant at such proceedings, and anxious that his name should not be connected with such disgraceful business.

The pamphlet gives an account of a series of experiments, made by means of inoculations of chancres, for discovering a fluid which, without being irritating, should have the power of neutralizing the chancrous virus inoculated under the epidermis. After many failures, M. Rodet fixed upon the following solution: distilled water, one ounce; solid perchloride of iron, citric acid, of each one drachm; hydrochloric acid, fifteen minims;—this is No. 1. In Nos. 2, 3, and 4 the hydrochloric acid is gradually increased, and the citric acid left out altogether in No. 4. For men, it will be sufficient (within *twelve hours* after connexion, and the sooner the better) to apply the fluid by means of lint. It should be left on at least one hour, and at most twelve hours. The application is less easy with women, but also efficacious. M. Rodet has not tried the fluid upon hard chancres, as he did not wish to inoculate them on healthy individuals, this being the only reliable mode of proceeding. He discusses the question of rendering the use of the fluid very general, and indulges the hope that the ravages of syphilis will be much diminished by timely application of the preserving fluid.

The author assumes, without sufficiently proving, the transformations which take place in the papule resulting from chancrous inoculation, and theorizes somewhat on the action of his fluid on the inoculated spots; but nothing can be fairer than his experiments, and nothing more strictly honourable than the manner in which he has acted under the circumstances. The pamphlet should be carefully perused by professional men. We heartily hope that beneficial practical results may be obtained from the author's skilful and painstaking experiments.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

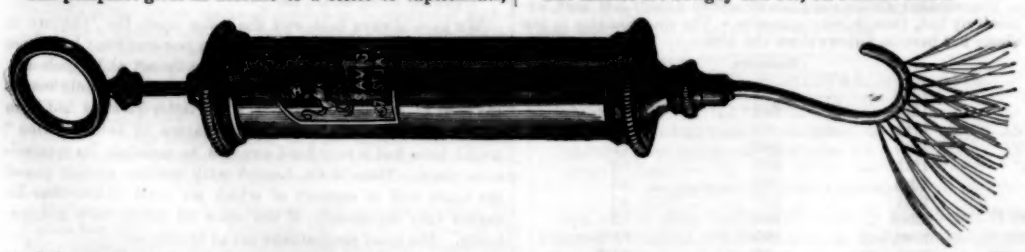
DR. ALDIS'S IMPROVED SYRINGE FOR DIPHTHERIA AND INFLAMMATORY SORE-THROAT.

As most children who suffer from inflammatory affections of the throat do not know how to gargle, and since adults occasionally are unable to do so from great prostration while suffering from the same complaints, Dr. Aldis has suggested an improved syringe, of which we present our readers with an engraving.

Indeed children often sink in consequence of their inability to use these means, and anything calculated to relieve the suffering of impending suffocation must be considered as extremely useful.

The instrument consists of an ordinary syringe; but the pipe, instead of being straight, is curved, and has two rows of apertures—one for directing the jets of fluid horizontally, and the other for sending them obliquely upwards, so that the posterior fauces or any part of them may be well cleansed. It also differs from the ordinary syringe in not having any opening at the extremity of the pipe. The piston works easily; yet it can be readily stopped, in order to prevent too much fluid from being injected.

The makers are Savigny and Co., St. James's-street.



HOMŒOPATHY IN THE FRENCH HOSPITALS. — The Hahnemannian heresy is tolerated in some of the Parisian hospitals; and one of the best-known adepts, Dr. Teissier, was lately almost called upon to accept a physicianship at the Hôtel Dieu. It would appear from the statement of a writer in the *Gazette Hebdomadaire* (Oct. 4th, 1861) that this appointment would have taken place had Dr. Teissier not been in the country. The same writer complains of the laxity shown by the authorities of hospitals in allowing homœopathic practice in the wards. Nor should it remain unnoticed that the homœopathic pharmacies of Paris are quite illegal, although no prosecutions have as yet been commenced.

THE LANCET.

LONDON: SATURDAY, OCTOBER 12, 1861.

THE opening of the Medical Session is still an event that obtains only a limited amount of attention beyond the professional circle. It has always been a matter of peculiar difficulty to interest the public in the proceedings of the medical profession. The education of members of the theological and legal professions, and of aspirants to the military and civil services of the country, has long engaged earnest discussion. It is not a little remarkable, that although the subject of medical education is so generally neglected, that although mankind at large is so profoundly ignorant of the great science of anatomy upon which true Medicine is based, there is nothing concerning which everyone is so ready to pronounce a decided opinion as the theory and practice of Medicine. It is not, indeed, easy to make medicine a popular science—that is, to illustrate it in such a manner as to convey a rational understanding of it to the masses even of educated men and women. But we cannot help thinking that it would be desirable to improve the occasions offered by our introductory orations to attract more miscellaneous audiences, and by dwelling more particularly than is commonly done upon the fundamental features of our art, and pointing out the nature of the relations existing between our body and the public. The general tone of the introductories this year, as heretofore, has been too exclusively intra-professional. It may be urged, it is true, that the lecturer is addressing medical students; but it should not be forgotten that he has the student entirely in his hands for three or four years, and that he can well afford to devote one lecture, which is necessarily of an open and a public character, to the elucidation of the points by which Medicine binds the student and the public in one common interest. The student, planting his foot upon the threshold of the temple of ÆSCULAPIUS, is not yet altogether detached from the general community. He may fairly be addressed somewhat in the character of a layman. The profound argumentations upon recondite questions of chemistry and physiology that so frequently form the staple of the introductory addresses, are surely out of place. Did our inaugural medical orators thoroughly set before themselves the value of the opportunity in their hands, we feel assured that the annual opening of our medical session would soon come to be regarded with general interest. The public would benefit by learning much in which they are deeply concerned; the profession would derive incalculable advantage from the establishment of a new means of intercourse with the world. And as a subsidiary but important gain, the valuable art of public oratory would be more cultivated amongst us. The oral teaching in our schools would be improved. We should possess more effectual means of making the just influence of our calling felt abroad.

If we were to express a general comparative opinion of the introductory lectures given this year, we should be compelled to say that they are generally inferior in the selection of topics and in elegance of composition to those delivered last year. Still, most of them contain matter worthy of perusal; too much, indeed, to render it possible to give by extracts or description any compendious ideas of their scope and contents. The critical reader of our last number will not fail to trace, in most instances, the dominion exercised over the speaker's mind by his more special department of study. The chemists were very chemical; the botanists were especially anxious that in the study of human diseases, the merits of the vegetable kingdom should not be thought lightly of. But in the midst of these partial disquisitions we find some excellent passages. To the following remark of Dr. FRANKLAND we invite earnest attention:—

"The maintenance of the dignified position of the profession is becoming more difficult year by year. The scientific portion of the competitive examinations in the civil and military departments of the State is rapidly calling forth a scientific training which has hitherto been almost monopolized by the medical student, but which threatens soon to convert even the lower grades of officers in these departments into formidable rivals of the doctors in the interpretation of natural phenomena. A sound acquaintance with natural and experimental science must therefore be regarded as of the highest importance to those upon whom the maintenance of the deservedly proud position of the profession will now soon entirely depend."

Whilst cordially enforcing the lesson inculcated by the learned chemist, we are hopeful that the members of the medical profession, ever compelled, as they are, to study attentively the influence of external agents upon life, will never be behindhand in the acquisition of physical as well as of biological knowledge. We would rather believe that the more general cultivation of physical science amongst other professions will supply a new link of intelligence that will ensure a more accurate and wholesome understanding of medical truths than now exists in the public mind.

As an example of the ruling thought, we may instance that two chemists, Dr. FRANKLAND and Dr. HARLEY, emphatically applied themselves to the task of uprooting the old idea that there is such a thing as vital principle. This notion is denounced as "the lingering remains of a former superstition, as "the last traces still left adhering to the human mind of that "doctrine which embodied itself in the 'Anima' of STAHL and "the 'Archæus' of VAN HELMONT." And, again, we are told that "Vital action has been in Medicine what catalytic action "is in Chemistry—what ether is in Physics—an imaginary "principle employed by ignorance to hide ignorance." Our readers will recollect the forcible arguments in support of this, the chemical theory of life, brought forward by Mr. GRAINGER in the admirable introductory lecture which we published last year. The tendency of this theory is to merge all medical science in the governing science of Chemistry. We would, without here disputing the truth of the theory, modestly remind our chemical associates that animal chemistry has yet enormous strides to make before the physician shall be justified in abandoning altogether that possibly arbitrary fiction to which he has so long trusted as his guide in the observation and interpretation of physiological and pathological phenomena.

Before closing these discursive remarks, we wish to call attention to the following passage from Dr. ODLING'S address. He rightly says, it is the part of medical men

"To invite rather than decry criticism, no matter how searching. The criterion which, perhaps more than any other, distinguishes a philosopher from a charlatan, is the desire of the one, and the fear of the other, to submit his views to the rigid

scrutiny of an opponent. All men love truth in the abstract, but few men that particular truth which is subversive of their own opinions."

These words embody a great truth, one that has not been sufficiently urged upon public notice. Medicine, being but part and parcel of the great sciences of Physics and Biology,—that is, depending upon the study of Nature,—must necessarily confer upon her disciples the qualities that grow out of an habitual search after truth, and entitle them to the authority that justly attaches to those who, in this search, constantly appeal to Nature for information and correction.

MOST of our readers are probably aware that at the meeting of the National Association for the Promotion of Social Science in 1858 two important papers were brought before its notice by the shrewd-thinking and kind-hearted philanthropist, Miss FLORENCE NIGHTINGALE. One of these papers pointed out particularly the defective condition into which our hospital statistics had fallen, and urged the necessity for all hospitals at once coming to a common agreement upon the number and nature of the data to be tabulated for future use. Not satisfied, however, with simply reminding us of our neglected duties, Miss NIGHTINGALE immediately set about preparing a series of forms, in which a common nomenclature of disease was adopted, in order that effect might be given to her suggestions. These papers and forms were submitted to the recent meeting of the Association, and are similar to those which, after a lengthened discussion, were adopted at a previous assembly of the Statistical Congress, held at Paris, and were afterwards laid before the London meeting. It would not be a useless expenditure of the printing funds of the National Association to have these forms and papers printed, and to distribute them to all hospitals and infirmaries throughout the British dominions.

The popular notions prevailing as to the relative salubrity and curative qualifications of different hospitals are based upon very erroneous and fallacious data. A common opinion is that the sanitary state of an institution can be judged of from its greater or less mortality. It was found in the late inquiries that in one group of metropolitan hospitals the mortality was about two and a half per cent. upon the cases treated; whilst in others the deaths reached from about twelve to sixteen per cent. At Guy's Hospital at present the per-centage of mortality is just about nine per cent. relative to a total of 4635 admissions—i. e., 420 deaths in 1860; at St. Bartholomew's Hospital the per-centage is much about the same—i. e., out of 5724 admissions during 1860 there were 623 deaths. But to judge simply by any of these rates and numbers would be most fallacious, since in one class of hospitals ailments extremely slight constitute a title to the applicant's reception; whilst in another class special diseases only, and these accompanied by a high rate of mortality, are admitted. Again, the general rate of mortality will be greatly influenced according to the more particular medical or surgical character of the institution. We learn from Dr. STEELE that while the mortality in the surgical wards of Guy's Hospital averages less than six per cent., in the medical departments it is rarely less than fourteen per cent. of the numbers treated. Now, it is well known that whilst, from situation and other circumstances, certain institutions have a preponderance of surgical cases, accidents, &c., others admit more medical chronic and hopeless cases. So, again, the admission of a greater number of females than males would, *cæteris paribus*, diminish the death-rate, since it is found that the results of treatment are, in both the medical and surgical departments of our hospitals, more favourable in the cases of the former than of the latter in consequence of the less liability of women to attacks of acute disease. Further, an hospital may be so placed, or so liberally conducted, as to keep its doors open to any case of starvation or attempted suicide that the police may pick up in the surrounding neighbourhood. The treasurer of St. Bartholomew's Hospital, therefore, very properly directs "the attention of the governors to the fact, that "whereas the mortality in the hospital during the year was "623, no less than 82 of this number died within twenty-four "hours after their admission."

But although the death-rates of our different hospitals must be materially influenced by the circumstances to which we have alluded, the most important modifier of them has yet to be noticed. Upon reviewing the tables in Dr. STEELE's Report, it will be found that diseases of the organs of respiration occupy the most unfavourable position as respects their fatality, the deaths amounting to more than one-fourth of the whole number affected with diseases of this class, and to no less than twenty-seven per cent. of the total deaths from all causes. *Phthisis*, in its numerous varieties and complications, numbers 537 of the 813, or eighteen per cent. of the total mortality occurring between 1854 and 1861. This item, then, as Dr. STEELE remarks,

"After all that has been said about unhealthy site and overcrowding, is, in reality, the cause of the chief discrepancy in results when we compare the mortality of one hospital with another; for in proportion to the cases of consumption received to the exclusion of diseases of a less grave character, so must the mortality of all hospitals be influenced. It would be as unfair, for instance, to compare the total results of treatment of such hospitals as Guy's or St. Bartholomew's with similar annual results of the practice of the London Hospital, where the accommodation is almost exclusively of a surgical character, as it would be to draw a similar comparison with the periodic reports of such establishments as that for consumptive cases at Brompton or the Hospital for Incurables. In the Report of the Statistical Society on Hospital Statistics, it was ascertained that the deaths from consumption alone in the practice of the London hospitals amounted to rather more than sixteen per cent. of the total mortality. It has already been noticed that the number of deaths from this cause at Guy's has averaged eighteen per cent."

It is abundantly evident, then, that before any reliable or available deductions can be drawn from hospital statistics and their mere death-rates, a system of registration, organized upon a uniform plan, must be adopted by all. By this means alone can the vital statistics of these institutions become truly serviceable both as regards the nature and relation of disease and the results of treatment. To the credit of St. Bartholomew's and Guy's be it said that they have been the first to listen to the appeal. We have now before us "Statistical Tables of the "patients under treatment in the wards of St. Bartholomew's "Hospital during 1860," drawn up under the superintendence of Dr. EDWARDS, Assistant-Physician and Registrar to the Hospital. By their side lies a "Numerical Analysis of the patients "treated in Guy's Hospital for the last seven years, from 1854 "to 1861," undertaken by Dr. J. C. STEELE, Superintendent of the Hospital. In both these Reports the plan followed out is mainly, though not entirely, that suggested by the Sanitary

Section of the Statistical Congress. In both, valuable details will be found; but to Dr. STEELE'S labours we may refer with particular approbation, as giving the results of seven years, and as adding to the dry features of tabular reports a textual commentary of unpretending character, but of great interest and importance.

Medical Annotations.

"Ne quid nimis."

THE ARMY MEDICAL TRAINING SCHOOL.

THROUGHOUT the whole series of introductory lectures we last week epitomized, and notwithstanding great diversity in the treatment of the subject, there ran one golden thread of good advice. The student was, above and before all other considerations, advised to thoroughly learn his business. To this knowledge he might and should add many things more. He should be a practical philanthropist of the highest school; should learn to do good for good's sake; to prefer reputation to emolument, and consider duty before either. He should prune his desires and weed his tastes, and bear in mind that men would form their opinions of his profession from their observation of him, it being human nature to judge of the house from a brick when the latter contains a flaw. First and before all, however, it is necessary, urged the lecturers, and we endorse the assertion, that the student should learn and labour to become thoroughly up to the work which lies before him in that state of life to which he is called.

But if we glance back a few years, and remember how, long ago, the same injunctions were annually urged in the same emphatic manner, we scarcely wonder that even the most enthusiastic students oftentimes found their endeavours to carry out these good counsels baulked for want of means. Especially was this the case with the newly-fledged practitioner about entering the army or navy, and seeking opportunities of thoroughly studying those vastly complicated influences of climate and of race which his duty required him to know, and of which his previous education taught him literally nothing. Nor, indeed, was his knowledge much more precise concerning those terrible times of field duty when life and limb depend on the surgeon's promptitude and skill—when the knife has to save from the sword—when

> "Per damna, per cædes, ab ipso
> Ducit opes animumque, ferro."

Coming down to later times, we recognise some slight attempt to remedy this evil, and enable those about entering the army to learn their art. But the opportunities were miserably deficient. To huddle together into one course all that was to be taught on the subject of military surgery, and to condemn the student to visit Edinburgh for this instruction whilst the dust gathered on the bottles in the splendid but unused pathological museum at Fort Pitt, was not a wise arrangement, though very characteristic of that combination of meddling and muddling known as army management.

At last, after hard struggling, due provision was made in the Royal Warrant of 1858 for the proper education of the soldier's surgeon, and for affording him adequate opportunities to thoroughly compass his business. It was required that each candidate should attend a course of instruction at the Army Medical School at Chatham, embracing all the subjects necessary for him to be thoroughly acquainted with.

It was not to be expected that the new school of teaching thus founded should be got into full working order at once, and so the eloquent and feeling introductory lecture from which we published some extracts last week may justly be considered to commence the first working session of the school, when all are at their posts, and when the difficulties experienced at starting are mastered.

The able lecturer, Dr. Maclean, professor of pathology in the new school, was summoned from a foreign medical appointment of high trust to occupy this chair, and commences his first course this session. It is no light thing to have worked for long years in tropical climates, and, through all the changes and chances of a military medical career, to have kept so well in advance of all others in knowledge of a most intricate professional subject, that, when a teacher was wanted, the finger of Fame pointed at once to the man for the work. We trust that the emolument is commensurate to the recognised attainments which determined the appointment. In touching and expressive language Dr. Maclean alluded to the irreparable loss sustained by the death of Lord Herbert of Lea, to whose exertions may be traced so many changes for the soldier's benefit, and the establishment of this school amongst the number. It is some little consolation that he lived to see his noble efforts bearing fruit, and that in dying he could write *Vici* on his shield. To him this must have afforded more gratification than the dignity and honours by which it was sought to mark the nation's recognition of his services—honours scarcely worn, and dignity which no one cares to associate with his name; for his is the prouder fame

> "Where human glory rises high
> As human glory can;
> Where, though the noble 's truly great,
> Still greater is the man."

THE GROANS OF BRIGHTON.

THE inhabitants of Brighton are groaning over the scarcity of visitors to their beautiful sea-side town. It is said that many thousands less visitors have this year reached them than in previous years. On the other hand, London has never been so thoroughly emptied of its wealthier residents as during the present season. Pall-mall has been a desert, and Belgravia a howling wilderness. All the world has rushed into the green fields during the summer, and to the sea-side in the autumn months. The rural retreats and the maritime towns of England have, with the single exception of Brighton, been overwhelmingly full. Other and hitherto less favoured places of resort have been choked with visitors, and at most of the bathing-towns near London the crowd has surpassed all former experience. Brighton alone has had to lament rows of empty houses, and multitudes of apartments unlet. For misfortune so apparent there must be causes not very occult. It is better to trace and to correct them than to utter vain lamentations or angry regrets. Since the cause is mainly hygienic, and the remedy not very difficult, in the interests of the inhabitants of Brighton, and of that large number of persons who use or desire to use it as a marine retreat, we think it well to call attention to the origin of this paucity of visitors, and the means by which the former confidence may be revived. The alarm has sounded from time to time of late years that Brighton was not so salubrious as a health resort should be. The bold and active denunciation by Mr. Acton last year of the sanitary defects and imperfect drainage of this beautiful and admirably situated town produced a profound impression, increased by the statement of the melancholy fate of his children. The charges which he brought were never satisfactorily answered, and the improvements which he showed to be wanting to make the town well drained and wholesome have not been announced as being effected. On the other hand, there are numerous complaints that even the showiest and best-situated houses are redolent of bad smells, and that the visitor cannot stroll along the fashionable parades by the sea without being unpleasantly reminded that nuisances exist within reach of his olfactory organs. To this must be ascribed no small portion of the desertions by which Brighton suffers, and it does not seem probable that confidence will be restored until the system of drainage has been completed on the best principles throughout the town, and every effort made to satisfy sanitary requirements.

THE FAMILY OF THE LATE PROFESSOR QUEKETT.

THE letter which Professor Owen addresses to us this week, on the subject of a provision for the family of the late Mr. Quekett, expresses sentiments and opinions which the profession will share and applaud. Professor Quekett spent his working life in the service of the College. For twenty-two years—that is to say, from the moment that he entered upon active life, after completing his period of studentship—he devoted himself to the labours in the Museum of Lincoln's-inn-fields, by which the College and the profession have been inestimably served; and it must be recollected that the main, if not the only, ground upon which the College founds its claim to Government support is the conservancy in the interest of the public of the magnificent collection of Hunter. To the genius and labours of Professors Owen and Quekett the College of Surgeons owes, in no small degree, the reputation on which its present prosperity is founded. That prosperity has depended upon the general good opinion, which gave value to its diplomas. Public approbation has been conciliated by the splendid talents and laborious industry of the curators, who have developed, extended, and eloquently expounded, the collections entrusted to their care, until their fame has spread beyond European limits, and their completeness is unrivaled. The share which Mr. Quekett had in this work has been very large: it has comprised the whole labours of his life. He entirely created one department: the magnificent Histological collection. In the last Hunterian oration—that delivered in the theatre of the College by Mr. Coulson in February of the present year—the orator paid a just tribute to these labours, announcing that the microscopical preparations due to the exertions of Mr. Quekett exceeded 16,000 in number. Twenty-five years of ordinary service passed in the army entitles a surgeon to retire on half pay. There is a desire, and there are reasons, for shortening even this term; but this may be taken as some standard by which to judge of the obligations which our profession, through the College, owes to the widow and children of the man who died in the service of the College, after so long a period of brilliant service. The present pecuniary position of those whom he leaves is apart from this claim. But the very few score of pounds which Mr. Quekett for years received in salary, and the very moderate income which at the last was his due, left no room for savings. We violate no propriety, and state only what is generally known, when we mention that the widow and children of this valuable servant are left necessarily unprovided for. This cannot increase the claim which they have to just consideration from the Council, but it pleads for some additional stretch of generosity. The force with which Professor Owen advocates this claim leaves little to be said. While admitting the validity of his statements, everyone will admire the generous feeling and delicate sympathy which make him the spontaneous advocate of his late colleague's family.

A TRAP FOR SURGEONS.

MEDICAL practitioners offer an easy prey to many kinds of swindlers. The house of the physician is necessarily open to all comers; and since he cannot depute to other hands the task of ascertaining the wants and conditions of those who seek his presence, very unwelcome visitors often await him when summoned to the consulting room, and he is frequently robbed by thieves of respectable appearance who find their way into his rooms on various pretences. Three instances of this kind have lately been investigated at the metropolitan police-courts. He is yet more often compelled to hear the tales of intrusive beggars, whose plausible fictions are with difficulty exposed; not unfrequently he is victimized by clever impostors who baffle detection. Some hospital surgeons and physicians at the west-end of the metropolis have lately suffered from the arts of such a plausible swindler. He was exposed and punished, after a somewhat prolonged and successful series of impostures, before the magistrate at Marlborough-street this week. His name is Martin Lesser, and he claimed to be a Doctor of Medicine of the University of Berlin. He is a person of gentlemanly appearance and superior education. From documents found upon him, he appeared to have pursued an erratic course for some time in the provinces. In August last, he presented himself at the house of Dr. Lankester, of Savile-row, asserting that he had been introduced to him at the Worcester meeting of the British Association, by Sir Charles Hastings. Deceived by the circumstantiality of his narrative, Dr. Lankester took an active interest in endeavouring to obtain assistance for him. He gave him letters to Mr. Octavius Blewitt, of the Literary Fund, and Mr. Ernest Hart, of Wimpole-street. To Mr. Hart this fellow related a pitiable tale of misfortunes and family afflictions, and succeeded in obtaining £5. He seems also to have possessed himself of certain address cards which were lying about, and, pursuing his course of imposture, to have called in succession on Mr. Holmes, Dr. Fuller, and Dr. John Ogle, all of St. George's Hospital, together with a number of hospital surgeons in that quarter, often succeeding in obtaining pecuniary relief by varying tales of fictitious distress. One part of his tactics deserves especially to be noted, as affording a useful general caution. It was his practice to abstract, whenever possible, any available address cards from the tables, and to call at the houses of the gentlemen thus indicated to him, representing that he had been desired to do so by their friend. We have reason to know that at least one other impostor is pursuing a similar course in the metropolis, and it is well that medical practitioners should be reminded that such credentials may be fraudulently obtained, and that even, as in the case of Lesser, forged certificates of death may be carried about.

CHOLERA IN INDIA.

THE attention of our epidemiologists cannot fail to be attracted to the severe and fatal outbursts of epidemic cholera in India. For some time it has shown a tendency to break forth with virulence, and the last accounts describe a terrible visitation of this scourge in the Punjaub. Some regiments have lost as many as 20 in every 100 men, and one brigade buried 341 men, women, and children in fifteen days. The 51st Regiment, which has been decimated by this epidemic, buried 300 of its men. At Burmah this new visitation is described as filling all ranks with despair. The local arrangements were excellent, and good results followed from moving the brigades to various localities, and changing the ground frequently. In this terrible extremity it was noted, as has been previously observed, that the extreme depression produced by the sight of sudden death on all sides rendered the survivors more and more easy victims to the disease. Measures were taken to keep the men amused, and the Commander-in-Chief telegraphed to the General commanding the division to cause the bands to play to them; but unfortunately 11 of the bandsmen of the 51st had just died, and 10 of the 94th, and many others were in hospital. The last accounts from the Upper Provinces brought the painful news of the spread of the cholera all over those territories; scarcely a station of any size or note had escaped, and the disease had also extended to the villages and hamlets, where the peasantry were dying in great numbers. At Umballah the epidemic had broken out with great violence; but at Meerut and Agra it had abated both in virulence of type and number of cases. The measures for the removal of troops from the locality in which they were first attacked have been as usual attended with the best results. The course and progress of this epidemic must be watched here with deep interest. We have yet everything to learn as to cholera; but we know such an outbreak may be the precursor of a similar calamity nearer home.

GRIEVANCES IN THE ARMY MEDICAL DEPARTMENT.

AN army surgeon addresses *The Times* with the detail of some grievances of military medical officers, on which we have before commented. These include many serious departures from the letter and spirit of the Royal Warrant of October, 1858. The most prominent is the recent repeal of that portion of the Warrant which provided that staff and regimental surgeons should have the relative rank of majors, according to the date of their commissions; and the adverse decree, that they shall rank as majors, but junior to them. This deprivation of rank entails a loss of important privileges attending precedence in the army, such as choice of quarters, rate of lodging-money, servants, forage, fuel and light, or allowances in their stead, detention and prize money, together with the title to military honours and distinctions. This adverse decision accords with the too many other indications of the imperfect estimation in which the medical service is held by the present authorities at the Horse-Guards. We regret that this catalogue of grievances should have been so often unfolded without redress. When the army was sick, the authorities bethought themselves of the claims of the surgeons. Now that the army is well, they begin again to treat the surgeons slightingly. The recent extensive reduction in the number of army assistant-surgeons has greatly increased the labour of those on service, but no corresponding boons have been offered to them; on the contrary, their duties are daily rendered more onerous by the military authorities, and a jealous desire is shown to lessen their rewards and encroach on their privileges. The high authorities of the medical department have done everything in their power to bring the medical service to the utmost state of efficiency, at the same time that they desire to consult the well-being of their officers. The recent changes have greatly crippled their endeavours in this matter. The number of assistant-surgeons is now so small, and the strain upon their time so considerable, that it is almost impossible to grant leave of absence or respite from duty, and the surgeons and assistant-surgeons are worked without intermission. This is felt the more severely that the term of service extends to a greater age in the case of the medical than of the combatant military officers. The combatant officer enters the service an unfledged youth of sixteen; the medical officer cannot enter until he is at least twenty-one, and must have occupied the intervening five years in qualifying himself for his duties in the service. By the time, therefore, that he is entitled to claim his half pay—i. e., at the end of twenty-five years' service—he is five years older and more feeble than the combatant officer who is in a position to claim the same privilege. There is, then, a technical equality here, but obviously the surgeon labours under a practical disadvantage, which operates unjustly to his detriment, and from which he is entitled to be relieved.

A DIPSOMANIAC ACQUITTED.

THE acquittal of Robert Pattison, who was lately tried at Glasgow for the murder of his child, has produced a public discussion as to the force and value of the medical evidence on which he was acquitted. This unhappy man murdered his child while in a state of drunkenness. He was an habitual drunkard; but mere intoxication would, of course, afford no sufficient plea for irresponsibility in the committal of such a crime. Dr. Miller, who gave evidence on the part of the Crown, declared a belief that Pattison, when he murdered his child, was in a state of temporary insanity, arising from what bordered on delirium tremens. He had previously manifested great affection for his children, and this causeless atrocity of itself seemed to indicate a mental perversion such as exists in either permanent or temporary insanity. He had been drinking heavily prior to the committal of this crime. A witness described him a few hours previously as being then in the "horrors." There was no trace of any murderous design towards the children up to the time of the homicide; nor was there any comprehensible incentive. On the contrary, it was an act in opposition to all human motive. When seen after the deed, he was talking incoherently, and was found wandering about and taken to the Police-office, where for some time he showed no sense or knowledge of his offence. He had at previous times shown a disposition to suicide. He was, undoubtedly, a drunkard; but as undoubtedly temporarily insane, and was declared to be so by four medical men. The course which Dr. Miller took appears to us to deserve entire approval. This man was a drunkard and a madman. His madness arose out of habitual intoxication, and complicated it. His was a case of dipsomania. It is for cases such as this that medical men ask the law to provide means for restraint, and to open avenues of cure, and on account of which they entreat the attention of legislators to the subject of dipsomania. In the absence of such means of restraint, compelled to witness and deplore many like catastrophes, and called upon judicially to investigate the mental state of such unhappy persons, they can but take the course which their science and their conscience dictate, and declare, as Dr. Miller did, that the prisoner is a temporarily insane and irresponsible homicide.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 7TH, 1861.

MR. COULSON, PRESIDENT.

THIS was the first meeting of the session, and was very fully attended. After a few words from the President,

Dr. RICHARDSON exhibited a Rabbit into whose Mamma he had injected some Cancer-Matter mixed with Ammonia. The result was a tumour and subsequent ulceration somewhat similar to cancer; but this eventually took on the healing process, and when the rabbit was exhibited the sore had assumed a healthy aspect.

Dr. ALTHAUS said that Langenbeck had produced cancer of the lungs and liver in an animal by inoculation with the cancerous matter.

Dr. RICHARDSON, in answer to questions from Dr. Hyde Salter and others, said that the immediate effect of the inoculation of the system with a non-malignant fluid would be the production of fever, and, perhaps, petechiæ on the serous membranes. In the present case nothing but the peculiar tumour was the result of the irritation and inflammation set up by the injection of the cancerous fluid. He considered the addition of the ammonia to the fluid only brought it back to its original condition.

Mr. W. ADAMS thought that as yet there was no evidence of any cancerous production by the injection as used by Dr. Richardson.

MALIGNANT FUNGUS OF BOTH EYEBALLS IN A CHILD.

Mr. CANTON, in bringing forward this specimen, observed that soft cancer, as was well known, was prone to attack, in children, the testicle and the eye; and he had had many opportunities of witnessing the complaint in the latter organ. In one remarkable example the disease extended backwards to within the cranium, and produced such disorganization of the brain and basilar process of the occipital bone, that portions of the former passed through the latter, down the pharynx and œsophagus into the stomach, followed by most troublesome vomiting—in point of fact, of the child's own brain.

In the specimen before the Society, Mr. Canton remarked, an exceptional example was presented of the simultaneous affection of both eyes. The patient was a female of six years of age, who first exhibited that peculiar appearance of burnished brass, at the bottom of one eye, so frequently significant of the commencement of malignant disease in the part. In the opposite eye, after the lapse of a few months, the same condition was observable. The disease pursued the usual course, and the child died, after eight months, in convulsions. The preparation showed the right eye to be filled with the malig-

nant mass, which had dislocated the lens, until it was in contact with the cornea; but the sclerotic had in no part yielded, and the cornea was intact. The opposite eye was elongated and nodulated, from bulging, here and there, of the sclerotic and cornea; the lens was absorbed, and the whole globe *stuffed* with malignant substance. The corresponding optic nerve was swollen, pulpy, and infiltrated with the same material as that filling the eye; the optic chiasma was likewise pulpy, and enlarged to the size of a hazel-nut. The nerve of the eye in which the disease had less extended was normal in all respects.

Mr. COULSON said it was very unusual for malignant disease to attack both eyes, though it did both testicles and both breasts.

Dr. RICHARDSON inquired of the President his experience with respect to chimney-sweeper's cancer. He (Dr. Richardson) had never seen a case, and had never been able to produce one artificially, though he had attempted it by feeding animals on soot, and dressing a blistered surface with that substance.

Mr. COULSON had seen many cases of chimney-sweeper's cancer. When treated early they did well.

Mr. LAWSON said that with the ophthalmoscope it was easy to distinguish a malignant from a scrofulous disease of the eye.

Dr. HYDE SALTER exhibited a small elastic Spring which he had employed with success in arresting Hæmorrhage from the Gums.

A long discussion took place on the hæmorrhagic diathesis. Several cases were related in which it prevailed to a great extent; one, in which the passage of a catheter was followed by fatal bleeding.

The Society then adjourned. At the next meeting Mr. Coulson will read a paper.

Correspondence.

"Audi alteram partem."

THE LATE PROFESSOR QUEKETT AND THE COUNCIL OF THE COLLEGE OF SURGEONS.

(LETTER FROM PROFESSOR OWEN.)

To the Editor of THE LANCET.

SIR,—The profession, especially the surgical branch of it, lost one of its most valuable servants by the death of the late Curator of the Museum of the Royal College of Surgeons, Prof. Quekett, F.R.S. He has left a widow and four children. In what circumstances does not affect the grounds on which the public body he so long and faithfully served is obligated, as I conceive, to award to his family such allowance or pension as would be due to the widow of a medical man who had died in any other branch of the public service, after having spent the whole of his professional life actively therein.

The Museum of the College was purchased by Parliament, and confided to the College, under the supervision of a Board of Trustees, for the public benefit. Prof. Quekett's services, from the time that he obtained his diploma as surgeon, have been exclusively devoted to the branch of the public service created by Government in and by the purchase and disposition of the Hunterian collections. The credit and honour of the College are concerned in awarding to the widow the allowance fully due after the twenty-two years of unintermitting toil under which her late husband exhausted his strength and health. The Fellows of the College, with their privilege as electors of the Council, bear a certain responsibility for the acts of the executive which they create.

I have, however, heard, in discussing the subject of what is due by the College, in reference to periods of service in its Museum, to those who have passed such periods in the public applications of the Museum, the following argument:—That the income of the College is, in part, precarious, and that it is a duty of the Council not to charge upon their successors engagements in the shape of pension or retiring allowances—whatever may have been the period or the value of the services so to be requited—which the income of the College might not in future be able to meet.

But the reply has been, that the degree of precariousness is calculable. The College of Surgeons, through a public opinion, supported mainly by the public applications of its noble Museum, has enjoyed an income which, in the main, has been progressively augmenting during the last half century. Any member of the College has only to turn to the last year's "List" to see the present amount of the income—permanent and casual. They will also see the proportion of that income applied to the Museum, and, at the same time, may pretty nearly estimate the amount which the Council divides amongst its members, as examiners and in other relations. With regard to the expenses of the Museum, it should be borne in mind that, through the labours of Professor Quekett and his predecessors, in arranging and cataloguing the collections, the future cost and liabilities, especially as regards the Hunterian department, have been diminished, and the conservancy and applications of the whole Museum greatly facilitated.

I believe that my own opinion will not be very different from that of other fellows and members of the Royal College of Surgeons in thinking that not less than the half of whatever salary the late Professor Quekett may have received at the time of his decease ought to be awarded to his widow. It will be little enough to carry on the education of four boys; if, as it is understood, the family have been left almost destitute of any other resource than what may be furnished by the justice or liberality of the Council of the College.

I am, Sir, your obedient servant,

Sheen, Oct. 1861. RICHARD OWEN, F.R.C.S.

THE VACANT HUNTERIAN PROFESSORSHIP.

To the Editor of THE LANCET.

SIR,—It would be discreditable to all old students of St. Thomas's Hospital if the remarks contained in your article of October 5th remained uncontradicted. In speaking of candidates for the vacant Hunterian Curatorship, you mention Mr. Rainey as though he were more or less disqualified by age and infirmity for the arduous duties of such a post. He has within the last year or two published researches of so laborious a minuteness and so striking an originality as to have materially altered modern views of physiology, and to have entitled him to rank amongst the few observers whom Englishmen can compare with the great physical philosophers of the Continent. And he still labours with energy and perseverance such as are rarely attained by men even in the fullest vigour of their bodily frames. He brings, moreover, to the task an experience unrivaled by all but one or two well-known names. Indeed, it is not easy to appreciate fully the half century of patient and successful research, both pathological and physiological, which is Mr. Rainey's strongest and most undeniable claim.

It is the duty of his friends to meet incorrect inferences from vague criteria of age by the more accurate evidence of personal knowledge. Nor is it impossible that such testimony may in the present instance be corroborated, before very long, by a fresh instalment of discovery, and a renewed proof of unabated vigour and activity.

I remain, Sir, your obedient servant,

Vigo-street, October, 1861. WILLIAM H. STONE, F.R.C.S.

*** Mr. Stone has clearly misunderstood the article to which he refers. Mr. Rainey's labours are, as he says, those of half a century of life-time. The College Museum will require the energies of one who has yet a life-time to give to them.—ED. L.

THE ARMY AND NAVY.

To the Editor of THE LANCET.

SIR,—The case of the naval surgeons is well put in the letter of your correspondent, "A Naval Surgeon," in your issue of the 5th instant, and in *The Times* of the 7th. There is a letter from a military surgeon, which lays before the public, in temperate language, the grievances of the army medical officers. The medical and general press of the country are doing their duty in this matter. The *Saturday Review*, the *Daily News*, and other influential papers have published well-written "leaders" in support of justice to the medical officers of the army and navy. The injury inflicted on them by the alteration of the Warrant they fondly looked upon as their *Magna Charta*, is daily more and more keenly felt, and a determination is being evinced by the officers of both services never to cease agitating this question until her Majesty's gracious intentions, as expressed in her first Warrant, are carried out in their letter and spirit.

Now, Sir, we want the aid of the rising generation of students; they can help us materially, and at the same time for-

ward their own interests and those of the whole profession, and that at little cost of time or trouble. Let the medical students at all the different schools in London, Edinburgh, Dublin, Glasgow, and Aberdeen, simply sign a declaration that they will not enter themselves as candidates for the naval or military services until the grievances of the medical officers are redressed, and the battle will be gained. If her Majesty's Warrant, *as at first published*, be only carried out, a career will at once be opened up to the ambition of young surgeons of good education and capacity, alike honourable and useful. The Secretary for War is willing to aid us, and only requires a little pressure from without to give him a good excuse for setting aside the obstructions of the Horse-Guards. This done, the Admiralty *must* follow suit.

I am, Sir, yours truly,

October, 1861. D. I. G. H.

THE ARMY MEDICAL WARRANT OF 1858.

To the Editor of THE LANCET.

SIR,—There have been of late many and bitter complaints from army medical officers regarding the unjust efforts in high quarters to deprive those officers of some of the privileges and part of the relative rank conferred upon them by the Medical Warrant of 1858. Before the promulgation of that Warrant—all honoured be its promoters—the names of the army surgeons were placed in the Army List, at the bottom of the list of officers of each regiment. Well, Sir, the medical officers could not complain, for they had no relative rank; but the publication of the Royal Warrant gave the army surgeons relative rank. Paragraph 17 of the Warrant reads as follows:—

"Such relative rank to carry with it *all precedence* and *advantages* attaching to the rank with which it corresponds (except as regards the presidency of courts-martial, where our will and pleasure is that the senior combatant officer be always president); and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel and light, or allowances in their stead, detention and prize money. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters."

There can be no mistaking the meaning of the above paragraph as to the question of precedence; yet, Sir, at the present moment the medical officers occupy the same position in the Army List as they did before the publication of the Royal Warrant, instead of having their names placed properly according to their relative rank. This may appear at first sight to be of no importance, but it is of great moment to the medical officers, for the Army List is looked upon as an authority and guide, officers being treated with respect according to the place their names occupy in that list.

It may be, and probably is, that army surgeons are not in a position of sufficient independence to make their complaints heard so as to obtain redress; but there is a class of officers—the volunteer surgeons—who are in a position of independence, and possessing political influence which, if brought to bear upon this question, would materially help the army medical officers. I therefore would earnestly urge the volunteer medical officers to assert in every instance their right to proper precedence according to their relative rank, and, if necessary, to carry the matter before Parliament.

I am, Sir, yours, &c.,

October, 1861. A VOLUNTEER SURGEON.

MEDICAL STUDENTS AND THE ROYAL NAVY.

To the Editor of THE LANCET.

SIR,—Allow me to call attention, through your columns, to the singular position in which the students of the London Schools of Medicine are placed with regard to appointments as assistant-surgeons in the Royal Navy. The regulations of the Admiralty require certificates of attendance on *six months* courses of lectures on Materia Medica and Midwifery. Now, as in none of the London Schools of Medicine are the courses of lectures on the above subjects of more than three months' duration, a student who has attended the customary courses of lectures, and qualified himself for any of the other English Examining Boards and for the Medical Department of the Army, finds himself at the end of his career debarred from entering the navy unless he can wait until the end of another year in order to attend the extra courses of lectures. The Scotch students are in a better position, as in the Scotch Universities the lectures on Materia Medica and Midwifery are delivered during six months. Surely an attendance on lectures, which qualifies for all the English Universities and for the Colleges of Physicians and Surgeons, might, one would think, be considered sufficient for the Naval Medical Service.

I am, Sir, yours faithfully,

October, 1861. M.R.C.S.

P.S.—I have written to the Director-General of the Navy Medical Department, representing the facts of the case, and have received a reply to the effect that the regulations must be adhered to.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Permit me through your columns to inform the Poor-law medical officers, more especially of the metropolis, that the Fifth Report from the Select Committee on Poor Relief (England) has been issued. It contains the whole of the minutes of evidence of Mr. Griffin of Weymouth, Dr. Rogers of the Strand Union, and myself.

I may be permitted to observe, however, that the time and the circumstances were unfortunate and unfavourable to us. Although summoned to attend, it was generally believed that the Committee would not have time to examine us, or to go at all into the medical branch of the inquiry. Certain gentlemen had been delegated by the guardians of the Bristol Union to give evidence on that day, but, owing to their non-arrival in time, the medical witnesses were hurriedly called in to be examined. Thus a subject, not only of anxiety and concern to over three thousand medical gentlemen, but also of vast importance both to the well-being of four millions of the poorer population of the country and to the pockets of the ratepayers of the whole kingdom, instead of receiving a complete and searching investigation, was compressed into the few remaining hours of the very last day's sitting of the Committee. Medical questions seem as much at a discount in the favour of a Parliamentary Committee-room, as in that of the body itself of the House of Commons. The members of the Committee soon tired of Mr. Griffin's voluminous evidence, which was ultimately put in as read. Dr. Rogers and myself had to be content with the last few minutes of the last hour. My examination did not commence till twenty-five minutes to four. Knowing that it would be practically impossible to give, in twenty-five minutes, the detailed evidence I had prepared, and to read the documents and facts which had been furnished me in support of the statement adopted by the metropolitan Poor law medical officers (*vide* THE LANCET of May 18th last), I requested permission (after answering a few questions) to be allowed to put in the aforesaid statement, as well as an abstract of the views embodied therein, with the understanding that my detailed evidence in support of the same should be taken in the next session, when the Committee will, I believe, obtain permission to sit again. The statement and abstract therefore appear in this Report of the Committee.

I subsequently also obtained permission to deliver in a memorandum, embracing in detail the views I was prepared to give evidence upon. This memorandum appears as an Appendix (No. 2, p. 86) to the Report. I am sorry, however, to observe that not only have some verbal inaccuracies and some faulty arrangement of certain of the paragraphs crept therein, but owing to an omission in some portions of it, of some sheets of my manuscript and tables, the sequence of the reading is in some places rendered totally non-apparent, and the sense considerably obscured. This is owing to my not having been furnished with proof-sheets of the memorandum during its passage through the press. It appears that, unless the sanction of the chairman of the Committee is first obtained, the parliamentary printers do not allow proof-sheets for correction. This unfortunately had not been done; and shortly after the manuscript memorandum was in the printer's hands, the Right Hon. Chas. P. Villiers had commenced his continental tour, and his sanction was not then obtainable. At page 89 the chief omissions occur. The reader will readily surmise that after the paragraph ending "convenient of access," should follow the "cases" alluded to; and also that the next paragraph should have commenced with the assertion that "in the metropolis the distance between the poor and the relieving officer, &c., is, as a rule, not too great." A great quantity of important manuscript (with many tables) has unfortunately been omitted after the paragraph in the next column of page 89, which ends with the words "by the case." I here demonstrated the want of uniformity and equality in the salaries (amongst others) of the district medical officers of the three City unions. I also stated

how the application of these officers of the East London Union for an increase of salary was met at their board by a return, showing the rate per head, of the sums paid for medical relief on the population of several metropolitan unions and parishes. This preamble is *absolutely necessary* to render intelligible the succeeding paragraph, which is, however, a part only of my illustration of the fallacy of thus computing medical salaries. At page 93 the reader will also detect the absence of a requisite preamble to the last paragraph of the first column, commencing "In every case." In the second column there is also entirely omitted before "3. Pauper Lunatics," No. "2," case in point—viz., Ody *versus* the Harborough Guardians, as detailed in THE LANCET of January 31st, 1857. The verbal inaccuracies and the faulty arrangement of some of the paragraphs will at once strike the reader without my occupying further space with their enumeration.

It will be for the Committee of the Metropolitan Poor-law Medical Officers to determine whether or no it will be advisable to furnish the parliamentary Poor-law Committee next session with these details and facts that have been omitted.

Owing to the lateness of the session when the medical evidence was received, it was not considered desirable to present to either of the Houses of Legislature the petitions agreed upon at the general meeting of the Metropolitan Poor-law Medical Officers on the 10th of May last. These petitions embody the statement (which appears in the aforesaid Appendix) which was adopted at the meeting at the rooms of the Royal Medical Benevolent College. The petitions are still in circulation for signatures, and will be presented at the next session of Parliament.

I will, in conclusion, take this opportunity of drawing the grave attention of the whole body of the Poor-law medical officers to this very important fact. From the remarks of the chairman, made both to Mr. Griffin and myself, it is evident there is, *and will be*, a very strong endeavour on the part of the guardians to obtain the annulling of the permanency of our appointments. It is well known that many of the boards of guardians are in opposition to a continuance of the present powers of the board above. Unless, therefore, great care and exertions are used during the recess by the medical officers, we may find that the results of the Committee's labours will be—a compromise, in which the annual appointment of *all* the officers of the union will be thrown in by the Poor-law Board as a "sop in the pan," to mitigate and appease the antagonism of the guardians to the re-obtainment of the protective powers of Gwydyr House.

I am, Sir, your obedient servant,

ROBT. FOWLER, M.D. Edin.,
Hon. Secretary to the Committee of the Metropolitan Poor-law Medical Officers.

Bishopsgate-street Without, Oct. 1861.

UMBILICAL HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Seeing an account of a case of Umbilical Hæmorrhage, by M. Homolle, quoted in your last impression, I am induced to report a very similar one which occurred in my practice a short time ago.

Mrs. S——, about forty-two years of age, the mother of four living children, was confined on September 17th. Her labour was slow from want of uterine power, and the child, though lively and active, was smaller than usual. There was extensive fatty degeneration of the placenta and funis. The child got on very well for three or four days, when oozing of blood took place from the funis (not as yet thrown off) close to the abdomen. A ligature was passed close to the abdominal wall, and a pledget of lint, saturated with perchloride of iron, was firmly pressed to the part, and retained by adhesive plaster round the body. The bleeding ceased for some hours; but afterwards recommenced from the same place, and also from the right upper eyelid and behind the left ear. Several dark stains like those of ecchymosis also appeared on different parts of the body. The child sank from debility, induced by loss of blood, and died at the end of six days. The fatty change in the structure of the placenta was well marked, and I have no doubt was the direct cause of the malnutrition of the child, and the consequent hæmorrhagic diathesis.

As I have my pen in hand, I should like to ask some of your chemical readers, what is the petroline of commerce, and what effects might be expected to arise from its internal administration? The question is suggested by the fact of my having been summoned a few nights ago to a woman, who had taken by mistake about a wineglassful of petroline. Vomiting was speedily induced, but no bad symptoms followed. The small quantity which was absorbed acted on the kidneys, producing an increased quantity of urine, strongly scented with the liquid swallowed.

Petroline and paraffin are to be found in every cottage, and accidents of the kind I relate are very likely to occur, so that it may be well worth while knowing whether they contain anything more poisonous than their relatives, turpentine and naphtha.

I am, Sir, yours very truly,

Swansea, October, 1861. JAMES SHEPHERD, M.R.C.S.

THE DEGENERATION OF RACE.

To the Editor of THE LANCET.

SIR,—I quite agree with Mr. Anderson Smith, that his assertions are in accordance with the authors he mentions, and I can bear testimony to the erroneousness of their statements, and should recommend him to peruse instead "Grant's Origin and Descent of the Gael," "Stewart's Sketches of the Highlanders," and "Gregory's History of the Highlands and Isles," where he can learn that Highlanders, more or less, have successively had, since the coalescing of the Caledonian, Pict, Briton, and Scot, an infusion of Danish, Saxon, and Norman blood. There is an almost pure Saxon race, Gaelic speaking, in Aberdeenshire; the island of Lewis, Caithness, and Sutherlandshires are strongly tinctured by the Norse; while a great extent of Highland territory is owned by Norman chieftains, with Celtic followers, as we find graphically sketched in "Burton's Life of Lord Lovat." What does Mr. Anderson Smith say of the Clan Chattan, who are not certain what name they might not admit as one of themselves—they know about thirty, the ubiquitous name Smith being one of them? It was not uncommon, as it might best suit the interests of the party concerned, to assume the mother's surname, as the celebrated Rob Roy, who, though a McGregor, styled himself Campbell, and the present Lord Clyde suppressed his father's name, which is McLiver, for Campbell, the maternal name, to gratify maternal friends, who could best forward his interests.

Myself a native, the descendant of a Norman family 700 years in the Highlands, always resident, conversant with the language, familiar with the habits, intimately acquainted with the customs and manners, and practising amongst the Gael, I am of opinion my authority should stand as high with the medical profession as obscure Holinshed, who spoke Gaelic like a parrot, judged from appearance, and chronicled from fabulous lore; or Macaulay, who deservedly stands as one of the most brilliant writers of the age, yet often proceeds upon data at the best doubtful, often not true; and it is notorious that his accounts of the Highlanders are applicable only to the Sept Macaulay found in the Western Isles, but never recognised as a clan by Highlanders.

While the Census shows the actual state of population, it also, along with other statistics, accounts for the decrease of population in the rural districts of Scotland, and the Highland counties more particularly. In the face of these, it is absurd in the extreme to insinuate that the Scotch, much less the Celtic portion of the Scottish population, is stationary. Emigration, depopulation, and centralization have certainly told upon the rural districts, but they flourish in our colonies. In the county of Glengarry, Canada, there are 30,000 of the name McDonald, not to speak of other names, besides the multitudes in British North America generally, Australia, and New Zealand. Neither these nor war have interfered with St. Kilda, and it is stationary more so than France, and till within the memory of man it was the ideal of Mr. Anderson Smith's representation of the Gael, and still is so, and was also a stranger to religion, education, and civilization. I still affirm that Highland chiefs are becoming few from causes similar to those affecting the aristocracy in general. Although, as a general rule, they do not intermarry into their own clan, the families of chiefs, as a whole, being limited, in course of time, like the *bourgeoisie* of Berne, they have more or less become consanguineous.

No doubt the female has great influence over progeny, and one fact is worth a thousand theories. The intelligent farmer, intent on improving his returns, feeds and rotates the mother earth, and periodically substitutes *strange seed*. The breeder of stock also changes the *male propagator*, substituting an entire stranger; otherwise both farmer and breeder would see their stocks deteriorating and running out. By analogy, we might infer that inbreeding would produce the same results in the human species, as it really does, and of which an unprejudiced mind can, by observation, be fully convinced by abundant proof amongst society in general; and notwithstanding

the influence of the female, if the male be not near of kin, it never interferes with the multiplying and replenishing of the earth, and the onward progress of society. While it is believed that the offspring of inbreeding do not present peculiar diseases, yet they are by an overwhelming majority the subjects of the strumous diathesis in all its forms and developments, whether of mind or body, whether compared with the same number out of families otherwise constituted, or of the same family differently matched in regard to consanguinity, without being exposed to the external or dietary debilitating causes, which tell on the most robust constitution, and then not so amenable to medical treatment.

I am, Sir, your obedient servant,

Beauly, Sept. 1861. K. CORBET, M.D.

ON THE INJURIOUS EFFECTS OF GREEN-PATTERN PAPERS ON ROOM WALLS.

To the Editor of THE LANCET.

SIR,—The deleterious influence of the above-mentioned papers, so generally admitted, is fully corroborated by the following facts:—

A lady sleeping in a room so papered became afflicted with nausea, vomiting, heat and dryness of the mouth and fauces, pains in the stomach and bowels, and considerable constriction of the chest. Various remedies were tried without success, and the diagnosis and predisposing cause remained a mystery, notwithstanding the greatest attention being paid to the case, until another lady, satisfactorily recovering from a severe illness, being put to sleep in the apartment, began to suffer in a similar manner, but, in addition, with great loss of appetite. I had her removed for change of air, and she got better; but no sooner did she return to the dormitory than all the unpleasant symptoms reappeared in their former virulence. It then for the first time struck me that the arsenical preparation in the *green* of the bed-room paper was the cause of the malady, and this opinion was verified by the fact that since they have slept out of that apartment they have both recovered, and that too without the aid of medicine.

The paper hanger who was employed to remove the obnoxious article showed me the quantity of green powder, of a mineral nature, which even a small space contained, by sweeping down with his hand at one brush enough to poison the air of the room to a dangerous extent. There is, then, no cause to wonder at the serious results which breathing an atmosphere so impregnated evidently produced.

I am, Sir, yours obediently,

Pembroke Dock, Oct. 1861. WM. THOMAS, L.R.C.P.

INTERMITTENT FEVER.

To the Editor of THE LANCET.

SIR,—When I was surgeon to the *Palmyra* we were stationed in the Hoogly, in India, in the autumn. Cholera had well-nigh disappeared, and we were all getting into better spirits with the thoughts of the north-east monsoon, and each forming plans for future pleasure and enjoyment after the terrible work of the cholera. But, alas! how soon are man's plans frustrated! All the banks of the river became inundated by the autumnal tide, and brought down large quantities of dead leaves and bodies, which became decomposed by the great heat and moisture. This miasma filled the surrounding atmosphere with its poisonous influence, and laid the men up with intermittent fever. As we had no hope of speedily getting away from this place, it produced great anxiety to myself and the officers, as the disease caused much prostration, and unfitted the men for active duty for some time. By the following plan of treatment I cut short the intermittent attack:—Let each patient when he complains of coldness have half a drachm of carbonate of ammonia in hot tea, to be taken immediately, as an emetic; and an embrocation consisting of chloroform (three drachms) and soap liniment (nine drachms) to be rubbed on the spine before each attack: one scruple of calomel to be taken one hour afterwards, and the patient to be well wrapped in blankets. Generally, I found the attack give way, and the calomel acted as a sedative and purgative, which gave the patient some refreshing sleep, and he would often awake the next morning as if nothing had happened. If the attack went on, I continued the liniment to the spine—in the quotidian, to be rubbed in daily, about seven or eight A.M.; in the tertian, every second day, about ten A.M.; in the quartan, about one P.M. every third day: and gave ten grains of sulphate of quinine, ten minims of sulphuric acid, one drachm of tincture of oranges, with distilled water to an ounce and a half, every six hours; ten grains of compound ipecacuanha every night, with occasionally an aperient; two drachms of tartrate of soda, with an effervescent; and a generous diet. By this treatment I found the disease terminate quickly and favourably, with few cases of splenic disease.

I am, Sir, your obedient servant,

E. WILLIAMS, M.D., L.S.A.,

Bracknell, Oct. 1861. Member of the Royal Victoria Medical Board.

ON RENAL DROPSY SUCCEEDING SCARLATINA, AND ON THE EFFICACY OF BENZOATE OF AMMONIA IN ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—It frequently happens that the sequelæ to scarlatina occasion more trouble to the physician than the original disorder, more especially in cases of anasarca with albuminous urine, the process of cure being often tedious, and not unfrequently unsatisfactory both to the patient and practitioner. If, therefore, any addition or improvement can be made by means of which such morbid conditions may become more amenable to the remedies employed, society will be benefited and the physician gratified. Having had many cases of the above nature during the past and the present year, I have prescribed the following draught (for a child six years old) with more than ordinary success. The remedy, being not unpleasant, is readily taken by children:—Benzoate of ammonia, five grains; spirit of nitrous ether, fifteen minims; syrup of tolu, one drachm; camphor mixture to one ounce: to be taken three times a day. This, with a purge of the compound jalap powder, has answered admirably, the urine becoming free from albumen in a much shorter time than usual, and the patient's strength being afterwards recruited by the ammonio-citrate of iron.

I am, Sir, your obedient servant,

J. TAYLOR, L.R.C.P. Edin., & L.S.A.

Surrey-place, Old Kent-road, Oct. 1861.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

LAST Tuesday's meeting at the Academy of Medicine decidedly exceeded the average in point of practical interest, and although the promised discussion on M. Blache's report did not come off, the disappointment was amply compensated by some original observations which fell from M. Bouchardat on the occasion. M. Garnier, in September, 1858, made a communication to the Academy relative to the utility of sea air in the treatment of pulmonary phthisis, and by an appeal to the registers of the various sea-port hospitals in France, endeavoured to make out a strong case in favour of the preventive action exercised by sea air over the development of tubercle. Already, in 1855, a memoir on the same subject had been addressed to this learned body by M. Jules Rochard, and in this document conclusions were drawn, diametrically opposed to those arrived at by Laennec, and already accepted as current coin by the large majority of the profession. M. Rochard on that occasion proved to the satisfaction of the Academy, (for his essay won the prize,) that the boasted tonic virtues and vivifying properties of the marine atmosphere were an illusion, and that so far from beneficial was the inhalation of sea air to tuberculous lungs, on the contrary, the effect of saline emanations was rather to accelerate than to retard the final catastrophe. The question now proposed for solution to M. Blache was, whether or no M. Garnier's investigations had in any way invalidated the accuracy of M. Rochard's conclusions. The reporter, after an examination of the various elements of proof adduced in M. Garnier's communication, recommended the Academy to hold by its recent verdict, and stated that none of the newly-furnished evidence was of a nature to warrant the return to an old and exploded opinion.

After some observations from M. Piorry, in which were trotted out not a few of his polysyllabic hobbies, M. Bouchardat, diverging a little from the question of marine influences into that of tubercular development, and the causes which regulate

its progress, remarked: "All those physicians who have paid attention to diabetes mellitus, will have noticed that in all those persons affected with this disease, and who have died during the stage of marasmus which this malady very generally induces, pulmonary tubercles have been found. I for my part have made nineteen autopsies of such cases, and in all have encountered the same pathological condition. For the production of tubercular deposit in the lung during the course of diabetes mellitus, two data are requisite. These I express by the words *quantity* and *continuity*. I know of no case, either upon record or in my own experience, in which pulmonary disease of this especial form has preceded glucosuria; the glucosuria has always led to the tuberculization, and this condition of the lung is never met with at the outset of diabetes, and rarely before the expiration of the first twelvemonth of this malady. A continued action of the same cause is necessary to the production of the lung disease, and if asked for an explanation of the fact, I should say that tubercles only appear when the resources of calorification are well nigh exhausted by the advance of the glucosuria, and when, in consequence of this exhaustion, the functions of the lung and of the entire calorifiant apparatus are materially impaired. If for those aliments, such as sugar and starch, which are so readily and completely (so to speak) converted into glucose in the system, we substitute, either partially or totally, the calorifiant aliments, such as fatty matters, and alcohols, which do not undergo the saccharine transformation, then two results present themselves: the glucose either disappears, or is sensibly diminished in quantity. In these two cases, if tubercles do not already exist in the lungs, they are very rarely developed there. I have watched during several years patients affected with diabetes mellitus, not only in France, but also in countries endowed with the most opposite climates, as, for example, Denmark and Italy, England and Algiers or the East Indies, and have invariably remarked that when the nutritive powers were tolerably active, and the quantity of sugar passed in the urine during twenty-four hours did not exceed three ounces and a quarter, the lungs were no longer subject to tubercular deposits. I hold it, therefore, to be a law that tubercles always appear in the lungs when the elimination of sugar takes place in considerable quantities and during a sufficiently long space of time. In some diabetic patients I have seen an elimination of sugar amounting to *two pounds* daily, this elimination being effected by the non-utilization by the economy of the ingested aliments, and by the consumption of the tissues it holds in reserve. The office of the eliminated principle is evidently, in the normal state, that of supplying the wants of calorification. Consequently the diabetic patient is so situated that he throws off as waste matter the aliment by which the calorifiant function is supported. Certain of our domestic animals, the cow for example, are placed not unfrequently in a position bearing strict analogy with that of the diabetic patient, by the refined requirements of civilized life, and what is the result? This animal, placed in our towns in hot, confined stables, denied all liberty, and fed upon food abounding in starch and sugar, is made to furnish enormous quantities of milk, and after a certain lapse of time becomes phthisical. The continuous elimination of the calorifacient aliments eventually produces pulmonary tubercle." M. Bouchardat went on to show how, also, an opposite condition—a diminution and insufficiency in the elimination of the calorifacient aliments could bring about the same result, and endeavoured to impress his views upon his hearers as likely to open up a new vein of research for future and zealous workers to follow up.

The treatment of pulmonary complaints by respiration of pulverized liquids was supposed to have received its quietus several months ago. Three weeks back, however, Dr. Demarquay, surgeon at the Municipal Maison de Santé, revived the question by submitting to the Academy, that in experimenting upon a patient who had undergone tracheotomy, and whose still patent windpipe afforded him an opportunity of introducing test-papers into the air-passages, he ascertained that the respired fluid had penetrated past the glottis, and its presence on the mucous membrane of the trachea was actually demonstrable. Dr. Fournié, a vigorous sceptic, who read a paper on the same subject at the Academy of Sciences towards the middle of September, and who then denied the possibility of penetration, has followed close upon Dr. Demarquay's heels, seized upon the same identical patient, repeated the same series of experiments before reliable witnesses, and now negatives more stoutly than ever the accuracy of his opponents, and challenges them to furnish a final and decisive proof of the possibility of what they advance.

Two useful additions to instrumental surgery were likewise shown to the Academy by M. Luër; both are tracheotomy-tubes, and both present the advantage of enabling the person wearing them to speak. M. Trousseau is the inventor of one of them, and M. Demarquay of the other. In each the air is transmitted to the larynx from the lung by means of a wide opening; and in one the canula terminates at its external end in a dilated bulb, within which is contained a ball of aluminium. When the canula is in position, the effort to speak forces the light ball against the orifice, which is thereby closed, and the air is then enabled to pass upwards through the glottis. In the second instrument the closing of the canula is effected by means of a prolongation in the shape of an elastic tube, which passes down from the throat, behind the patient's cravat, to the front of his chest. Through this tube he breathes; and when he wishes to speak, slight compression with the finger suffices to prevent the escape of the air and to render vocalization possible.

Mr. Bowman's method of treating lachrymal tumours by slitting up the duct, was discussed last week at the Medico-Practical Society of Paris. The oculists mustered strong, and were all, with the exception of Dr. Doumic, who originated the debate by reading a paper on the subject, unanimous in preferring the method of cure by obliteration, at present very popular in France. I think, however, that the prevailing idea, which seemed to be that Mr. Bowman admitted and adopted no other method than the above, must be erroneous; for the anatomical researches of Dr. Bérand demonstrate tolerably clearly that in the large majority of cases lachrymal tumour depends rather upon the narrowing of the lachrymal duct at its junction with the sac than upon a mere constriction or displacement of its upper extremity.

The population of modern enlarged Paris (containing now as it does twenty arrondissements instead of twelve as formerly) now, as estimated by the last census, amounts to 1,696,000. In the department of the Seine the population is 1,953,000, showing an increase of 225,581 since 1856.

I learn that Dr. Pantaleone, a Roman physician of talent, well known to the English inhabitants of the Eternal City, and expelled thence for his acknowledged attachment to the Italian liberal cause, is about to take up his residence at Nice.

A French provincial paper, *L'Echo de l'Aveyron*, mentions that the local administrations of the rural communes are seriously occupied in enforcing the execution of the law which requires the mountains to be replanted with wood. According to this great legislative measure, the object of which is the prevention of inundations, ere many years are past, the bare hills of Auvergne, and other mountainous districts of France, will be covered with timber.

Paris, Oct. 8th, 1861.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 3rd inst.:—

Bubb, John, Cheltenham.
Gambier, Thomas, Canterbury.

The following gentleman also on the same day passed his first examination:—

Prates, Charles Augustus, Thomas-street, Woolwich.

UNIVERSITY OF ST. ANDREWS.—The following is a list of gentlemen on whom the degree of Doctor of Medicine was conferred in October inst.:—

Armstrong, James, Armagh.
Beaumont, Joseph Wilson, Sheffield.
Blaxall, Francis Henry, R.N.
Borrows, Robert, R.N.
Cassells, James Patterson, Anderston, Glasgow.
Cronin, Eugene F., Westminster.
Davy, Humphry, Penzance, Cornwall.
Drury, John Thomas C., London.
Duggan, William N., East Indies.
Earle, James L., Birmingham.
Foster, Philip, Leeds.
George, Edward, Calcutta.
Gray, William John, London.
Hammond, William, Brechin.
Harner, Henry L., Chester.
Hodgson, Robert W., Northallerton.
Holman, Henry, Crediton, Devon.
Lidderdale, John, Kintbury, near Hungerford.
Luce, James J., London.
Lynn, Robert D., Newcastle-on-Tyne.
O'Donnell, James, Park-street, Westminster.
Osborn, Samuel, Brixton, Surrey.
Owen, Harvey K., Clapham.

Procter, William, York.
Pyburn, James, Newcastle-on-Tyne.
Richards, Caleb C., Caerphilly, South Wales.
Ricketts, Charles, Birkenhead, Cheshire.
Shea, John, London.
Smith, Sidney, London.
Starke, Anthony George H., Hanley, Staffordshire.
Tanner, Robert, Ledbury, Hereford.
Tayler, William H., London.
Thompson, Charles, Leicester.
Waters, A. T. Houghton, Liverpool.
Welsh, James, Crewe, Cheshire.
Wollaston, Thomas G., London.
Woodward, William, Worcester.
Wyllie, Andrew, Kirkpatrick-Durham.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. R. Greenhalgh has been elected Physician-Accoucheur to this institution in the vacancy occasioned by the retirement of Dr. West.

PATHOLOGICAL SOCIETY OF LONDON.—The first meeting of this Society will be held at the rooms of the Medical and Chirurgical Society, in Berners-street, on the evening of Tuesday, the 15th inst., at eight o'clock, for the exhibition of specimens as usual.

NEW APPOINTMENTS AT THE HOTEL DIEU OF PARIS.—Messrs. Monneret and Noel Guenau de Mussy have been appointed physicians, in the room of Messrs. Legroux and Piedagnel, deceased.

COSTELLO'S CYCLOPÆDIA OF SURGERY.—We read in the *Gazette Hebdomadaire* that this work, lately completed, was destroyed by the fire which broke out at the printing office of Messrs. Taylor and Greening, in London. Luckily 500 copies had lately been removed.

HYGIENE TAUGHT IN FRENCH MILITARY SCHOOLS.—Regular lectures on hygiene have lately been delivered at the St. Cyr School, in France, where young gentlemen are trained for commissions in the army. This innovation may have very beneficial results in initiating military officers into the principles of hygiene, which may, by them, be applied for the advantage of their men.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The first two Jacob Bell Memorial Scholarships, with free laboratory instruction, have been awarded by the Council to Thomas W. H. Tolbort, pupil of Mr. Froud, chemist, Dorchester; and William A. Tilden, pupil of Mr. Allchin, chemist, Barnsbury-road. Botanical prize medals for the two best Herbaria to James Browne and Joseph H. Richardson. Sessional prize medals to Thomas J. Hasselby for Chemistry and Pharmacy, and Frank H. Lescher for Botany and Materia Medica.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a meeting of the Association of Fellows and Licentiates of the above College, held on the 2nd inst., the following were appointed officers for the year 1861-62:—*President:* The President of the College of Physicians.—*Vice-Presidents:* Drs. O'Brien Adams and Churchill.—*Council:* Drs. H. Kennedy, M'Clintock, Fitzpatrick, Moore, and Atthill. — *Treasurer:* Dr. G. Kennedy.—*Hon. Secretary:* Dr. R. Grattan Guinness.

THE YELLOW FEVER IN FRANCE.—We directed attention some weeks ago to the spread of yellow fever at St. Nizaire (France) in consequence of the arrival from Havannah of some infected ships. The official Paris paper, *Le Moniteur*, now states that the epidemic has been arrested by means of a floating lazaretto placed outside the harbour. The inhabitants of the town have not suffered much, and M. Mélier, the inspector of sanitary establishments, has returned to Paris. The precautions and prohibitions which had been enforced are, however, still maintained, for fear of a new outbreak.

THE CORONERSHIP OF MIDDLESEX. — On Saturday evening last, Mr. Wakley proceeded to the Bank of England Tavern, Paddington, to hold inquests on the bodies of two persons who had died in St. Mary's Hospital, the name of one being William Gardiner, eleven years of age, who met his death in consequence of a fall from a cart, and that of the other William Cordwell, a bricklayer's labourer, whose decease was caused by his falling from a scaffolding. In both cases the jury found verdicts of "Accidental death." The inquests were, in fact, held by Mr. Humphreys, the colleague of Mr. Wakley, and who had met him there by appointment. The reason for Mr. Wakley's not holding them himself was, that as he was leaving his house he was met by his physician, Dr. C. J. B. Williams, who strongly advised that, in his present state of health, he should not undertake duties entailing upon him any physical exertion, especially as within two days he was about to leave England for a milder climate. Mr. Wakley accordingly announced to the gentlemen assembled to act as jurors that, in consequence of the very decided advice of Dr. Williams, he should refrain from the discharge of his duty on that occasion. At the same time, out of respect to them and to his constituents generally throughout the county, he was desirous of making a few remarks. It had been asserted that he had not taken any inquests during the last two years, whereas, in point of fact, he had regularly discharged the functions of his office until December last; but it was quite true that since that time he had held very few inquests indeed. His illness was of such a nature that he could not have done so without endangering his life. He had had a very severe attack of inflammation of the lungs and air-passages. The disease appeared now to have got into a chronic state, and he had been advised by his medical attendants that a sojourn in such a climate as Madeira might have the effect, to a considerable degree, of restoring his health and strength. After some other observations, Mr. Wakley continued,—"I beg to refer for one moment to my colleague, Mr. Humphreys, the other coroner for the county. From him I have received every kindness and assistance during my illness, and, as the other county coroner, he has kindly engaged to act throughout the county during my absence, and thus afford to Mr. Brent, my deputy, and to Mr. Raffles Walthew, his own deputy, all the aid in his power. Thus I feel confident that during my unavoidable absence the interests of the county will not suffer." Mr. Wakley then said that he respectfully took his leave of them. His address was received with loud marks of approbation, and nearly the whole of the jurymen shook hands with him on his departure, and wished him a speedy restoration to health.—*The Times.*

THE CHOLERA IN INDIA.—We are glad to hear, by telegraphic advices received yesterday from Umballah, the decrease of the cholera at that station, both as regards the number of cases and the virulence of the disease, is announced; H. M.'s 89th Regiment, which had been moved from barracks out into camp, having almost entirely got rid of the epidemic. The surrounding country is described as being flooded by the excessively heavy rains.—*The Times of India*, Sept. 12th.

CATARACT OPERATIONS.—Dr. Rivaud-Landrau, of Lyons, publishes, in *L'Union Médicale* of the 1st inst., very valuable statistics respecting 2317 cataract operations (extraction, couching, and tearing) performed by himself during twenty years. The author enters into many details which will prove extremely useful as a basis for ophthalmological conclusions. Of the main results, we may state that, out of the 2317 operations by the three methods, 1921 were completely successful; 141 partially so; and 255 were failures. Out of the latter, however, the operation was tried again, and proved successful, in 19 cases. As to the method of operating, the author finds that, by comparing the successful operations with the failures, the latter give nine per cent. for extraction, and thirty-nine per cent. for couching. Dr. Rivaud has, therefore, almost given up couching, except in peculiar cases. Tearing failed only in five per cent. of the cases; but is only applicable in congenital or soft cataracts.

THE FRENCH LAWS RESPECTING PHARMACY. — The pharmaciens of Cusset, in the department of Allier, lately brought an action against three convents, in which complete pharmacies were kept, and medicines regularly dispensed for money. It was proved in court that three sisters had been the chief delinquents, and these were condemned to fifteen francs fine, and forbidden to continue their pharmaceutical occupations. The first sister had, moreover, to pay to the plaintiffs £24 damages, the second £8, and the third £4, besides costs.

MEDICAL APPOINTMENTS IN CHELSEA: EXTRAORDINARY PROCEEDINGS BY THE VESTRY. — During the past twelve months, the District Board of St. Luke, Chelsea, have had under their consideration at various times the appointment of Food Analyst and Gas Examiner, and the many forms in which it has been laid before them, in relation to Dr. Barclay as Medical Officer of Health, is not only amusing, but probably unprecedented in the records of parochial legislation. Dr. Barclay was originally appointed Medical Officer of Health at a salary of £250 a year—a duty it is admitted on all hands he has performed up to the present time with credit to himself and satisfaction to the parishioners; indeed, the only point which seems to have created dissension amongst this proverbially fragile body is that the sanitary condition of the parish is such as to require no longer the services of a gentleman of more than ordinary skill. With this view, efforts were made in the year 1857, not to dispense with Dr. Barclay, but to reduce his salary, which, after a roundabout course of action, was ultimately accomplished by the Doctor relinquishing £50,

leaving his salary from that time £200 per annum. In June, 1858, the agitation again commenced, which resulted in fixing his salary at £150 after the expiration of that year. Since the passing, however, of the Adulteration of Food Act in 1860, authorizing the appointments named, a still further reduction has been sought, with the view of casting upon him the additional duties of Food Analyst and Gas Examiner. The mode in which the Vestry have acted has been as follows. In January last, a Committee, in conjunction with Dr. Barclay, was appointed to consider the provisions of the Act specified, which resulted in a recommendation that a Food Analyst be appointed. In March following, the Vestry considered the recommendation, and came to a resolution that Dr. Barclay should be consulted as to his acceptance of the appointment, having regard to his diminished duties as Medical Officer. At this juncture, an application was made by a resident surgeon, Mr. Daniels, offering to accept the appointment gratuitously. A new Committee was then appointed to consider the whole of the duties of the Medical Officer, and to suggest what alterations or additions could be made. Their report was that Dr. Barclay's salary as Medical Officer of Health be reduced to £100 per annum, and that he be offered the appointment of Food Analyst and Gas Examiner, at £50 per annum and the fees provided by the Act. On being brought before the Board, the reduction of his salary to £100 a year was agreed to, but not the recommendation as to the new appointments. Advertisements were then issued for candidates for the latter, and confining applications to residents in the parish. There being, however, but one candidate, the consideration of the matter was adjourned till the 24th of September, on which day it was further adjourned for six weeks. In the meantime a requisition was got up, calling upon the Vestry Clerk to convene a special meeting on the 1st of this month for the purpose of rescinding the resolution of June 8th, 1858, fixing the salary at £150 a year. The motion, however, was not carried. On the same day another special meeting was held for the purpose of rescinding the resolution of the 30th of July restricting candidates to be residents, which was carried. The matter as it now stands is fixed for further consideration, without any restriction as to residence, on the 5th proximo.

ETIOLOGY OF DISEASE.—A statement has lately appeared in the *Journal du Loiret* to the following effect: A dead dog was lately thrown into a ditch in the parish of Cortral, and there left. The carcase was soon covered with flies, which then spread over the whole place. An epidemic of anthrax was the consequence, and the victims were—one cow, two horses, and forty sheep. A child was also attacked, but by careful and skilful treatment it luckily escaped.

SHOCKING CHARGE OF ABORTION.—On Tuesday evening, Mr. John Humphreys, the Coroner for East Middlesex, and a jury, assembled at the Lord Wellington public-house, Three Colt-lane, Cambridge-road, Bethnal-green, respecting the death of Eliza Garrett, aged thirty-four years, who, it was alleged, had died from injuries caused by a medical practitioner named Benjamin Vale, of 6, Henry-street, Limehouse-fields. The evidence was of a very painful character, and went to show that instruments had been used on the deceased with a view to procure abortion. Her husband was examined at considerable length, and admitted that he was aware of the practice to which his wife had resorted. William Page, a lodger, stated that the deceased had told him that she had been to Mr. Vale, through the interference of her husband. The jury unanimously agreed to a verdict of "Wilful murder against Benjamin Vale and William Garrett, for killing and slaying Eliza Garrett." They were committed to Newgate.

CHROMIDROSIS AGAIN.—It will be within the recollection of our readers, that a lady from Brest, in France, was convicted of deception by a committee to whom she had been referred. She pretended that a secretion of black pigment was constantly taking place on her upper lip; and had convinced her medical attendant at Brest that she should be looked upon as offering an example of a hitherto unknown pathological phenomenon. The lady travelled 500 miles to go to Paris, and had the mortification of being found out by the committee above alluded to, of which Dr. Guillot was the chairman. This extraordinary desire to deceive, merely for the purpose of attracting attention, caused some sensation in medical circles, and has induced Dr. Spring, of Liége, to communicate a case somewhat similar, and wherein the deception was discovered by a very ingenious contrivance. The subject was a young lady, with whom the black colour seemed to be secreted over the the malar bone, and covered the whole space between that bone and the lower lid. When washed off, it would very rapidly be reproduced. All the medical men who had seen the girl were struck by the strangeness of the phenomenon; and the young lady was eventually presented to Dr. Spring (Professor at the Liége University) as a pathological wonder. Dr. Spring was, however, incredulous. Several very severe trials were made; but, though closely watched, the young patient always succeeded in coming off best. At last, our sceptic hit upon the idea of applying over the part so frequently blackened by this strange secretion a thick layer of collodion. The patient was left for the night, after having been told that the collodion was intended to cure the malady. The next day the carbonaceous pigment was found *over* the collodion, and none *under* that compound. The deception was thus very clearly proved.

HEMIPLEGIA AND PHTHISIS.—This kind of paralysis has been now and then observed in cases of phthisis, tubercular deposit in the brain being then suspected. A very striking case of this kind has been published by M. Colin in the *Gazette Hebdomadaire* of the 30th ult. The subject was a young soldier, aged twenty-three, who up to the month of March, 1861, had enjoyed apparent good health. He had now dyspnœa and cough, slight dulness on percussion, with some rough breathing, being observed on the left apex. Almost constant headache was complained of, and the patient was greatly excited during the severe fits of pain, screaming aloud while the paroxysms lasted. On March 24th delirium supervened, and the headache was worse than ever. The next day vision became imperfect, and on the 26th facial paralysis set in on the right side. On the 28th there was complete amaurosis, and on the 30th the paralysis extended to the whole of the right side of the body. Death occurred on April 1st. On a post-mortem examination being made, a vomica which might have lodged a walnut was found in the right apex. In the brain, a few granulations were observed on the internal origin of the fissure of Sylvius. In the inferior angle of the torcular Herophili several tubercles were found, of a yellow colour, varying in size from four lines to an inch in diameter. There were altogether six tubercles sunk in the pulp of the cerebellum, and a seventh placed on the surface of the cerebellar substance. The volume of the mass of tubercles was about a third of the size of one of the lobes of the cerebellum.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, OCT. 5TH.—In the week that ended last Saturday 1147 deaths were registered in London. Measles was fatal in the week in only 7 cases, a return unusually low. There were 99 deaths from scarlatina, besides 21 from diphtheria. Of 9 deaths from all causes in the sub district of Woolwich Dockyard, 3 were from diphtheria, and 2 from scarlatina. 4 children died from scarlatina in the sub district of Waterloo-road, 2nd part, in the poor portion of which the Registrar, Mr. Daws, states that this disease is still extremely prevalent. He adds that the mortality of his district has been higher last quarter than in any corresponding period of the last twelve years, excepting the time when cholera prevailed.

The births registered in London were—boys, 923; girls, 895.

MEDICAL VACANCIES.

THE election of a Resident Physician's Assistant and Apothecary to the Bath United Hospital, in the room of Mr. D. Michael, resigned, will take place on the 18th proximo.

A vacancy has arisen in the office of Physician to the Weston-super-Mare Infirmary by the retirement of Dr. King.

There is a vacancy for a Medical Officer for the 2ith District of the Martley Union, Worcestershire.

The office of Surgeon (one of three) to the Leicester Infirmary and Fever House has become vacant by the death of Mr. Thomas Macaulay.

The Vice-Presidency of the County and City of Cork Medical Protective Association has become vacant by the death of Dr. Horace Townsend Newman Meade.

Dr. William Dashwood Kingdon has resigned the office of Medical Superintendent of the St. Thomas's Hospital for Lunatics, Exeter.

Mr. E. Crickmay has resigned his appointment as Medical Officer of the eighth District, Norwich Union.

A House-Surgeon and Dispenser is required for the West Ham, Stratford, and South Essex Dispensary.

The office of Resident-Surgeon for the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children has become vacant.

A Medical Officer is required for the Thorpe District, Blofield Union, Norfolk.

MEDICAL APPOINTMENTS.

MR. G. D. HARDING has been elected Resident Surgeon to the Cumberland Infirmary, Carlisle.

Dr. Offley B. Shore has been appointed Physician to the Derbyshire Infirmary, in the room of Dr. Heygate, resigned; and the latter has been appointed Consulting Physician.

Mr. John Moysey Bartlett Langworthy has succeeded the late Mr. Samuel

Reeves as Poor-law Medical Officer for District No. 11 of the Kingsbridge Union, Devonshire.

Mr. Charles Beaumont Waller has been elected Resident Medical Officer to the Royal National Hospital for Scrofula, Margate.

Dr. John Fixott has been appointed President, and Mr. Michael Blood and Dr. Charles Vandin, Vice-Presidents, of the Medical and Surgical Society of Jersey.

Mr. C. H. Fowler, Apothecary to the Middlesex Hospital, has been appointed Colonial Surgeon to the Island of St. Helena.

Dr. Charles James Bracey has resigned, as Medical Tutor at Sydenham College, Birmingham, and Mr. James Beddard (Guy's Hospital) has been appointed his successor.

MILITARY AND NAVAL MEDICAL INTELLIGENCE.

53rd Foot: Assist.-Surg. Theobald Featherstone Langstaff, from the 10th Foot, to be Assist.-Surg., vice Charles Farran Squire, supposed to have been drowned in the *Cleveland*. 72nd Foot: Assist.-Surg. David Ritchie Pearson, M.D., from the Rifle Brigade, to be Assist.-Surg., vice Morgan Jones Jones, appointed to the Staff. Assist.-Surg. Morgan Jones Jones, from the 72nd Foot, to be Staff Assistant-Surg., vice Thomas James Biddle, placed upon half-pay.

Commissions signed by Lords-Lieutenant,—1st (Grangemouth) Company of the Stirlingshire Volunteer Artillery: James Donald Watson, to be Hon. Assist.-Surg. East York Rifle Volunteers, 1st Corps (Hull): Arthur Octavius Arden, to be Surg.; Thomas Walker, to be Assist.-Surg. 12th Sussex Rifle Volunteer Corps: Godfrey Bingley Wadsworth, to be Hon. Assist.-Surg.

Surgeons—M. Sorley, to the *Nile*; E. M'Lorley (additional), to the *Nile*. Assistant-Surgeons—F. Green, to the *St. Vincent*; J. A. Skeene, to the *Hero*; B. Crabbe (additional), to the *Fisgard*; E. H. Evans, to Greenwich Hospital; — Lawrenson, to Plymouth Hospital; M. M. Magrath, to the Chatham Division of Marines; G. F. Elliott (additional), to the *Wellesley*; Dr. J. Patterson (additional), to the *Victory*; W. J. Alpin, to the *Warrior*. Acting Assist.-Surgeons—Dr. James Allen, Wm. P. Clapp, Mark Anthony Harke, Nicholas T. Connelly, and Wm. F. Ryall, to the *Impregnable*, for Plymouth Hospital; Wm. D. Longfield, A. A. Mullin, Sydney H. Knaggs, and Abraham J. Bolton, to the *Victory*, for Haslar Hospital; Abraham Hogg, to the *Encounter*; Geo. Curtis, to the *Spitfire*; Richard B. O'Toole, to the *Racer*; and J. Hanbury, to the *Nile*.

BOOKS ETC. RECEIVED.

Mr. Holden's Illustrated Manual of Anatomy.
Dr. Odling's Manual of Chemistry.
Mr. Bristow's Glossary of Mineralogy.
Dr. Barlow's Manual of the Practice of Medicine.
Dr. Anderson on Parasitic Affections of the Skin.
Guy's Hospital Reports.
The Shipwrecked Mariner.
Mr. Syme's Observations on Clinical Surgery.
Mr. Thompson on Diseases of the Prostate.
Cooper's Surgical Dictionary. Vol. I.
Dr. Reynolds on Epilepsy.
Engineer's Report on the Metropolitan Main Drainage Works.
Dr. Young's Medical and Surgical Memoranda.
West India Quarterly Magazine.
Quarterly Journal of Microscopical Science.
The British and Foreign Medico-Chirurgical Review.
Westminster Review.
Pharmaceutical Journal.
The Medical Critic.
Edinburgh Veterinary Review.
The Technologist.

Births, Marriages, and Deaths.

BIRTHS.

On the 26th of Aug., at Windsor, Barbadoes, West Indies, the wife of Wm. Brandford Griffith, M.C.P., of a son.

On the 29th ult., at Tregassick Cottage, Gerrans, Roseland, Cornwall, the wife of C. J. Symonds, L.R.C.P., of a daughter.

On the 30th ult., at Bimport House, Shaftesbury, the wife of W. H. R. Bennett, Esq., M.R.C.S., of a daughter.

On the 30th ult., at Ash-green, near Aldershott, the wife of George Pain, Esq., Surgeon, 53rd Regt., of a son.

On the 5th inst., at the Manor House, Chiswick, the wife of Harrington Tuke, M.D., of a son.

On the 7th inst., at Blackheath-road, the wife of Frederick Henry Smith, M.D., of a daughter.

On the 7th inst., at the Grove, Highgate, the wife of Charles Hatherwick, M.D., of a son.

On the 8th inst., at Penge, Surrey, the wife of Charles G. Woodd, Esq., M.R.C.S., of a son.

On the 8th inst., the wife of George Ashdown, Esq., M.R.C.S., of Northampton, of a daughter.

MARRIAGES.

On the 3rd inst., at Weybridge, Arthur Townley Watson, Esq., only son of Thomas Watson, M.D., to Rosamond, daughter of the late Charles Powlett Rushworth, Esq.

On the 5th inst., at Alphington, John Anderson Cox, M.D., Assistant-Surgeon H.M.'s Madras Army, youngest son of the late Lieut.-Col. Thomas B. Cox, Madras Army, to Caroline Isabella, youngest daughter of the late Clifford Shirreff, Esq., of Beacon House, Pinhoe, Devon.

On the 8th inst., at the Parish Church of St. Marylebone, Richard Henry Milson, Esq., M.R.C.S., of Margate, only son of the late R. O. Milson, Esq., Surgeon, of Swineshead, Lincolnshire, to Grace, youngest daughter of Capt. M. Houghton, H.E.I.C.S., of Clifton-road East, St. John's-wood.

DEATHS.

On the 25th ult., at Hull, Mary, the wife of R. Hardey, Esq., M.R.C.S.

On the 27th ult., at Park-street, Bristol, J. Godfrey, M.D., Senior-Surgeon to the Bristol General Hospital.

On the 3rd inst., at Balsham, John Prince, Esq., M.R.C.S., aged 64.

On the 5th inst., at Goxhill, Lincolnshire, Christiana, wife of Mr. Clayton, of the former place, and mother of W. Clayton, Esq., M.R.C.S., of Leeds.

Surgeons, R.N.—R. T. Easton, W. Fisher, W. Clayton, J. M. Maddon, and J. Gannon.

Assistant-Surgeons, R.N.—M. M'Grath, R. M'Donnell, T. B. Martin, C. W. Wise, E. T. Roffey, and J. Rogers.

Medical Diary of the Week.

MONDAY, OCT. 14
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. The President (Mr. W. Coulson), "On a Case of Secondary Abscess, with Disorganization of the Knee-joint, following Scarlatina and Parturition."

TUESDAY, OCT. 15
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL. — The following Operations will be performed at 2 P.M.: — By Mr. Holt: Excision of the Head of Femur.—By Mr. Holthouse: Plastic Operation for Burn of Hand.—By Mr. Hillman: for Stricture of the Urethra; for Hydrocele.
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, OCT. 16
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- HUNTERIAN SOCIETY.—8 P.M.

THURSDAY, OCT. 17
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- HARVEIAN SOCIETY. — 8 P.M. First Meeting of the Session, at 17, Manchester-square.

FRIDAY, OCT. 18
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, OCT. 19
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	6
For every additional line	0	0	6	For a page	5	0	0

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

To Correspondents.

Mr. Horace S. Howell, (Maidstone.)—Assuming that the statement forwarded to us is correct, Mr. Woolcot was scarcely justified in seeing the public patients of an hospital at his own house. Mr. Woolcot may probably be in a position to furnish reasons for a departure from the common practice; but these reasons, to satisfy medical etiquette, must be of a most cogent character. A medical officer to a public institution accepts office on certain conditions, written or implied, and he is not to be allowed with impunity to infringe those regulations under any circumstances, except they be of the gravest character. Mr. Howell's complaint against his superior officer is this: that the patients who should have been seen and prescribed for at the hospital were requested by him to leave the institution, and attend at his own house. Such a course of proceeding, we need scarcely say, is highly improper. What is Mr. Woolcot's explanation of the affair?

Assistant-Surgeon, R.N.—The only work devoted to the subject which we can call to mind is that of Saurel—viz., "Traité de Chirurgie Navale suivi d'un résumé de Leçons sur le Service Chirurgical de la Flotte. Par le Docteur J. Rochard."

Mr. H. T.—The information required has been forwarded, according to the request of our correspondent.

J. H.—At present there is no vacancy in any of the departments. The application shall be borne in mind, and, if necessary, our correspondent shall be written to on the subject of his note.

An Old Assistant.—The conduct of the gentleman who has called forth the animadversions of our correspondent we believe to be exceptional. With this conviction we withhold publication of the communication transmitted to us. It is the manifest duty, as it is clearly the interest, of employers to treat those who in many cases must be their representatives, not only with kindness, but with that respect to which every gentleman is entitled so long as he does his duty.

Medicus.—The following may be recommended:—In English: Watson's Principles and Practice of Physic. In French: Grisolle's Pathologie Interne. In German: Virchow's Handbuch der Speciellen Pathologie.

A Bartholomew's Man.—New catalogues are in course of preparation, and will soon be printed.

A Subscriber.—We should recommend that a consultation be held in such a case.

PROFESSIONAL ETIQUETTE AND DR. EDMUNDS.

To the Editor of THE LANCET.

SIR,—Is a paltry cavil at the meaning of the word "neighbourhood" put forward as an answer to my challenge? Were THE LANCET ubiquitous as well as omniscient, you, Sir, would be the very person to define the comprehension of this term, and to say whether Finsbury-square on the west and Brick-lane on the east belong to "the neighbourhood of Spital-square." At present my reputation depends upon the question. Am I wrong in taking this term to mean the streets "adjoining" the small square in which I reside?

Dr. Swyer, though dating from Mile-end, has a shop in Brick-lane, as has Mr. Gayton; therefore these writers are all Spitalfields doctors. The trio has been unfortunate in deputing Mr. Jackson to do the reasoning, as his own definition from Webster disproves the case. The places mentioned do not "adjoin Spital-square." The nearest way from "Church-street" to my house comes not only out of the parish of Spitalfields, but actually through an intervening "liberty." The places are separated not only by "a quarter of a mile," but also by a leading street as wide as Oxford-street; and as to neighbourly communication, no one would go there from Spital-square but to find a laundress.

Mr. Jackson talks about "geographical precision." I beg to inform him that "neighbourhood" is not a "geographical" term; that it means a place where neighbours dwell, and may be applied to persons, places, things, or even worlds. In the present case it is evidently applied to the readers of a circular, and therefore is neither a geographical nor astronomical term, but one to which another quotation from Webster precisely applies. "In large towns a neighbour is one who lives within a few doors; in the country, at a greater distance; and where people are scattered, a neighbour may be distant several miles." Were we politicians disputing about a few towns or rivers, it would not be astonishing to see "geographical precision" lugged in; but how he could otherwise correlate a purely relational term with rivers and hills, I am at a loss to divine. Honesty as well as logic is wanting. Dr. Swyer acknowledges that his "short distance" means "the Whitechapel end of Brick-lane." Both Mr. Gayton and Mr. Jackson eke out the facts by referring to the same person in Church-street, and Mr. Gayton calls a sheet of note-paper an "offensive pamphlet." All are guilty of suppression, tantamount to falsehood, in wilfully concealing that the receivers they call their patients were all old-standing patients of my friend, though perhaps they may have purchased hair-oil or simple medicines at these gentlemen's shops.

The issues on which I stand are plain enough. Was there a promiscuous "distribution in my neighbourhood," as put by "Chirurgus," or only a sending to the personal connexion of my friend, in number about forty, and sparsely scattered through London, as acknowledged (and regretted) by me? To preclude the possibility of evasion, I state that the circular was ordered at 9, Union-street; that only 100 were printed; that none were used except those posted on the night of June 20th to the patients in question; that many were surreptitiously removed; and the rest have been given to my medical friends since the controversy.

For the Spitalfields trio I beg to add, that a radius from my house to the Eastern Counties Railway station, traversing a semicircle through Spitalfields to Houndsditch, would only include three receivers.

My first statements as to the origin, object, and use of the circular remain unanswered.

Your obedient servant,

Spital-square, October, 1861. JAMES EDMUNDS, L.R.C.P. Edin.

*** Having allowed Dr. Edmunds no more space to set himself right, this dispute must terminate. Our readers will judge for themselves how far the impropriety of issuing such circulars as that in question is modified by distributing them on one side, and not on the other, of a street.—ED. L.

W. H. L.—The subject to which our correspondent has drawn our attention is, no doubt, one of much importance. Will "W. H. L." be so good as to forward another sample of the wine, as that first sent has been lost owing to an accident to the bottle. It shall then be analyzed, and the result made known in a future number of THE LANCET.

Ulna, (St. George's Hospital.)—Skeletons and preparations of the *Ornithorynchus paradoxus* may be seen in the Hunterian and British Museums, and also in the Museums of Guy's and St. Bartholomew's Hospitals.

Pharmacologist.—No. The two remedies are incompatible; one will decompose the other.

THE DEGREE OF ST. ANDREWS.

To the Editor of THE LANCET.

SIR,—I am so impressed with the certainty that the examination for the St. Andrews' degree is most efficient and thorough, that, being a graduate, I am desirous of protesting against the New Regulations of the Scotch University Commissioners. It is my good fortune to have as friends several graduates of St. Andrews, and from these I learned, when contemplating presenting myself for the degree, that the examination was most stringent and good; but I was hardly prepared to find it so strict, and at the same time so fair for the candidates. I believe it to be perfectly impossible either for a gentleman who knows his profession and is worthy of the position to be rejected, or for an ignorant or unworthy person to receive the title. The spirit which has caused the issue of the New Regulations is so evident, that I cannot believe they will be carried into effect; but it is, nevertheless, well to take steps to prevent it. I think, with "M.D.," that it is a matter that concerns the graduates as well as the University, and I sincerely hope that they will be able to unite for the purpose of preventing the accomplishment of so unjust an act.

I am, Sir, yours very obediently,

Great Wakering, Essex, Oct. 1861. JAMES ADAMS, M.D.

C. L. (North of the Tweed) has been correctly informed. Chassaignac is dropping the "écraseur," and introducing the "flèche." By this he proposes to *burn off* legs and arms, and to remove any member or portion of the body without the danger which attends the use of the bistoury. The composition of the "flèche" is said to be chloride of zinc, flour, and water, forming when dry a hard paste.

Dr. W. Thomas (Pembroke Dock) will find the second communication to which he refers, in THE LANCET for September 14th, p. 266.

Veterinarius.—It is stated that Dr. Kuhn, of Niederbronn, has witnessed the transmission of cancer from an ox to a human being.

Medical Etiquette.—There can be no doubt that such announcements in the public journals are highly improper and indecorous. But is the person to whom the observations of our correspondent refer of sufficient importance to have his proceedings brought prominently before the profession?

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

To the Editor of THE LANCET.

SIR,—In the regulations of the Universities, Colleges, and various Medical Licensing Boards, published in THE LANCET of September 28th, I find that King and Queen's College, Ireland, assert that "the Charter and Acts of Parliament relating to the College *confer on the Fellows and Licentiates the title of Doctor of Physic.*" If this be true, how is it that the Medical Registrar refuses to register their Licentiates as such? How is it that those eminent counsel, Sir Hugh Cairns and Mr. Hobhouse, in advising the Medical Council, say "that it has no power to confer the degree of Doctor of Medicine, and without the degree there can be *no right to title*, to whatever extent it may have been conceded by courtesy"? And lastly, how is it that when a Licentiate of this College, named Dr. Barker, applied to the Court of Queen's Bench, Ireland, to compel the Registrar to register him as Doctor of Physic or Medicine, the Judges of that Court refused the application?—the Lord Chief Justice styling him *Mr.* Barker and saying that he had not any of the qualifications entitling him to be registered as a Doctor of Medicine. This has taken place since June, 1860, and the statement of the powers of this College under its Charter and Acts of Parliament, as copied above, is now clearly incorrect.

As students look to THE LANCET for a true version on medical subjects, I hope you will do the profession the kindness to point out the inaccuracy.

Your obedient servant,

October, 1861. MEDICUS.

*** The information published in the number of THE LANCET for Sept. 28th, relative to the King and Queen's College of Physicians in Ireland, was in conformity with the return for the present year made to our Office from the College itself. It appears from this and from their own published regulations that this College still claims the right to confer the degree and title of "Doctor of Medicine," notwithstanding that this is contrary to the decision of the Lord Chief Justice referred to by our correspondent. We presume, therefore, that the College intends to contest the validity of the decision in question.—ED. L.

A Student of Physiology.—However ingenious most of Virchow's theories may be, we question whether some of them will continue to be long accepted.

Cantab.—1. Either the L.R.C.P. or the L.S.A. qualifies.—2. Yes.

Mr. Jonathan Hayes.—Funkite is a mineral known as a variety of green coccolite, found in lamellar limestone at Bodkester, in Gothland.

Omphalos.—The paper was forwarded to Manchester, and read by the Secretary of the section. The author of it was not present.

Mr. John Thompson.—If our correspondent will put his question in something like an intelligible form, it shall be answered.

Dr. Lackapelle.—The desired information may be obtained in the Medical Register. There will be no difficulty in procuring admission by means of the card of a friend.

INTESTINAL FLATUS.

To the Editor of THE LANCET.

SIR,—I shall feel extremely obliged if you will insert in THE LANCET the following case, in order that some of your numerous correspondents may favour me with their opinion upon its nature:—

A little girl I am now attending, aged seven, apparently in very good health in every respect; but the nursemaid states that every morning when placed in the bath a most offensive effluvium issues from the bowels. Her appetite is rather voracious, but no trace of worms is present, nor can I discover the cause of this disagreeable smell. Alteratives, hydrochloric acid, and bark have no effect whatever, and it has existed now two or three months. I may state that the odour differs from that of fæces, having, I am informed, more of an earthy smell, and being particularly unpleasant.

Your obedient servant,

Sittingbourne, October, 1861. H. G. S.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. Carr Smith; Dr. F. Hawkins; Dr. Thomas, Pembroke Dock; Dr. Adams; Mr. Howell; Dr. W. Abbotts Smith; Dr. Guinness; Mr. Bremidge; Mr. H. Thompson; Dr. Donkin; Mr. J. A. Wade; Dr. Hills; Mr. Woodd; Dr. Butler; Dr. Pyle, Ryhope; Mr. Wilkinson, Rotherham, (with enclosure;) Dr. Williams; Mr. Mullins, Liverpool; Mr. Staniland, Burnham, (with enclosure;) Mr. Knight; Mr. Keys, Minchinhampton, (with enclosure;) Mr. Halford; Mr. Shepherd, Swansea; Dr. Day, St. Andrews; Dr. Wilmot; Mr. Watson; Mr. Flaton; Mr. W. H. Stone; Mr. Woods, Blackburn, (with enclosure;) Mr. Furnivall, Hutton, (with enclosure;) Dr. Poole, Rochdale, (with enclosure;) Mr. Batteson, (with enclosure;) Mr. Fairles, (with enclosure;) Mr. Robinson, Hounslow, (with enclosure;) Dr. Morgan, Bath; Mr. Trubshaw, (with enclosure;) Mr. Marsden, Hatfield, (with enclosure;) Mr. Baker, Kimbolton, (with enclosure;) Mr. Bell, Preston, (with enclosure;) Dr. Lankester; Mr. G. Ashdown; A Subscriber; J. H.; M.R.C.S.; An Edinburgh Graduate; Anti-Humbug; D. J. G. H.; Medicus, (with enclosure;) L.R.C.P.E.; A Militia Surgeon; A Volunteer Surgeon; K. Z. K., (with enclosure;) &c.

THE *Inverness Courier*, the *North British Mail*, and the *Glasgow Herald* have been received.